



The Status of Women in Montana

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Jen Euell
Program Director
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ABOUT THIS REPORT

GOAL OF THIS REPORT

This report aims to provide a snapshot of the status of women in Montana, with a special focus on economics, safety, health, and leadership. Although great strides have been made in the last hundred years, much more remains to be done, as women still fare worse than men, on average, on a variety of measures. With better and more accurate information, it is our hope that we may inspire women and all citizens of Montana to demand fairness and equality in all areas of their lives.

The last summary publication of the status of women in Montana was published in 2004. That comprehensive report provided information that citizens could use to understand women's progress in achieving rights and opportunities. It also identified the barriers to equality for women in Montana that continued to exist at that time. Our question for this paper asks how women have done since that report was released eight years ago. To that end, we offer the reader an analysis of relevant information to help them identify the key issues facing women and their families in 2012. We highlight some of the obstacles facing Montana women which can suggest policy changes designed to improve women's status across the state.

We find that while women have improved their economic situation, still more needs to be done to achieve the goals set forth in the preamble of our State Constitution, to “improve the quality of life and equality of opportunity and to secure the blessings of liberty for this and future generations.” To achieve these goals, we need to pay attention to the ways certain classes of individuals may be excluded from this vision, especially those who are marginalized from society due to race/ethnicity, age, marital status, disabilities, military service, sexual orientation, or gender. We need to look to sustained movement toward the goal of equal pay for work of comparable worth while addressing inequality on the basis of race and ethnicity, reducing the incidence of poverty, providing equal opportunity for quality education, ensuring protection from violence, and achieving optimum health (Montana Constitution, Article II, Sections 3,4; Article X, Section 1, MCA 2-18-208). Most of all, we need to ensure that the voices of those most vulnerable and affected by inequality in our society are clearly heard.

CHARACTERISTICS OF WOMEN IN MONTANA

- 156,964,212 women in the United States
- 63.7% of U.S. women are white non-Hispanic
- 0.9% of U.S. women are Native American/Alaskan Native

- 492,748 women in Montana
- 87.7% of Montana women are white non-Hispanic
- 6.4% of Montana women are Native American/Alaskan Native

RESEARCH OVERVIEW

In the national elections of 2012, women and girls repeatedly found themselves dismissed by candidates running for office (Omero and McGuinness 2012). From comments on abortion to sexual assault to health needs, women and girls felt under attack. Candidates and those who spoke for them and with them repeatedly failed to recognize the unique problems that women face and that those problems are far from being solved. Many have the misperception that there is gender equality in the U.S. and are ignorant of the real wage gap that exists between men and women. Women are among the nation's poorest groups, rates of systematic violence against women and girls both inside and outside the home are high, women experience substandard health outcomes, and they are denied leadership ranging from elected office to positions in organizations at all levels.

Economics

Regardless of education, age, or race/ethnicity, Montana women still continue to lose out financially. On average, a Montana woman, working full-time, year-round, earns 74% of a man's salary. Poverty, homelessness, and a lack of affordable, quality childcare remain problems that disproportionately affect Montana's women. In Montana, a woman earns a median salary of \$31,067 per year compared with pay for a man of \$41,635. The yearly wage gap between the earnings for full-time working women and full-time working men is \$10,568 (2011 ACS). Disparities are even greater for women of color, particularly American Indian women. American Indian women are also more likely to feel the impact of unemployment, poverty, and lack of services.

Safety

The safety of women and girls remains a concern, even in this time of increasing gender equality. Young women experience higher rates of both verbal and electronic bullying than young men, and that bullying is often related to pressures for gender conformity for girls. The result is more stress and negative health outcomes. Sexual assault in Montana continues to be higher than the national average for young women, as are sexually transmitted diseases and teen pregnancy rates. Intimate-partner violence continues to be a concern in Montana, particularly for college women. Additionally, American Indian women suffer even greater rates of rape, physical violence, and stalking.

Health

Across a variety of indicators of health, wellness, and prevention, Montana's women rank lower than women in other states and across the nation. The data show even greater health disparities for Native American women and other women of color. Because many Montana women live in rural communities without access to good health care, and because women rely more heavily on

the healthcare system for reproductive needs, equal access to affordable quality healthcare that is culturally appropriate continues to be a goal yet unreachd.

Leadership

Montana women have made great strides, especially in the executive and in the state courts. However, they still remain underrepresented in the state legislature, federal courts, and business leadership. In order to solve the economic, safety, and health problems experienced by women, they need to share equal leadership with men.

ABOUT THE DATA

The data in our report are taken from a variety of sources. U.S. Census Bureau data serve as the basis for many of our comparisons in tables and graphs. We also use statistics gathered and compiled by the Centers for Disease Control and Prevention, the U.S. Bureau of Labor Statistics, the U.S. Department of Health and Human Services, the Department of Veterans Affairs, the Montana Office of Public Instruction, the Montana Department of Public Health and Human Services, the U.S. Department of Justice, and the Montana Board of Crime Control. Nonprofit organizations and advocates also provide compiled data in publicly available reports, most notably, The White House Council on Women and Girls, the National Coalition Against Domestic Violence, the National Network to End Domestic Violence, the National Women's Law Center and their "Health Care Report Card," the Center for Women in Government & Civil Society, Child Care Aware of America, and the Center for American Women in Politics.

For all of our sources, we give the name of the source and the data. In the "Works Consulted" section, we provide the complete citation and, when the source is online, a web link and date retrieved.

To guide us in locating the unique problems and issues for women in Montana, the Women's Foundation organized six focus groups of women throughout the state. In Helena, Missoula, Columbus, Billings, Great Falls and Browning, women came together to discuss their most serious concerns and to brainstorm about solutions to the problems that women face. Reactions and comments from those women are highlighted throughout this report.

SECTION 1

ECONOMICS

EMPLOYMENT AND EARNINGS

In Montana, women do not share equally in the economic well-being of the state. The wage gap shortchanges women, regardless of education, age, or race/ethnicity. As it has since the dawn of the industrial age, poverty disproportionately affects women and children, particularly female-headed households, American Indian and Hispanic/Latina women, and older women. While women now equally participate in the wage economy and earn a majority of all bachelor's degrees, this has not led to financial equality.

Women's work, in the home and in the labor market, has always been an indispensable factor in the economic health of the nation and Montana. In the last few decades, however, women's paid work has become a necessity, as the purchase of a home requires more than one median-level income, but women continue to be underpaid for the value of their work.

Women's Earnings

At \$31,067, Montana women working full-time, year-round have the fourth lowest median annual earnings of any state in the nation, over \$6,000 below the \$37,133 level for women in the United States as a whole. Median annual earnings for men in Montana are also lower than the United States as a whole, \$41,635 compared to \$46,993 (American Community Survey 2011, one-year estimate, DP-03). That is, Montana men earn 89% of the national men's average income, while Montana women, working full-time, year-round, earn 84% of the national average of women's wages, and 66% of the national average of men's wages.

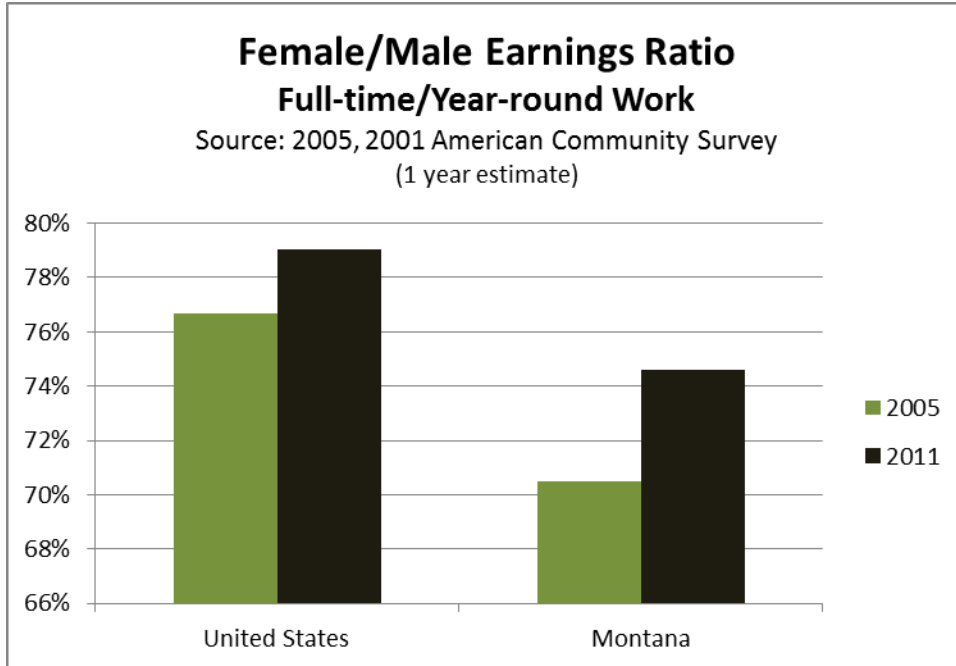
Total median annual earnings for women in Montana in 2011 (including part-time and part-year employment) were \$19,614, third from the bottom in the nation, above only Idaho and Utah (American Community Survey 2011, 1 year estimate, B20002). This figure is significant because it indicates the impact of underemployment on total earnings.

“Every time I get a raise it doesn't even make a difference. It seems like I am paying more and more for everything all the time.” Missoula

The Wage Gap

In the United States, women's wages continue to lag behind men's. In 2011, the median wages of women who worked full-time, year-round were only 78.8% of men's, up from 76.7% in 2005. However, in 2011, the female/male full-time earnings ratio in Montana was 74.2%, up from 70.4% in 2005, as shown in the chart below.

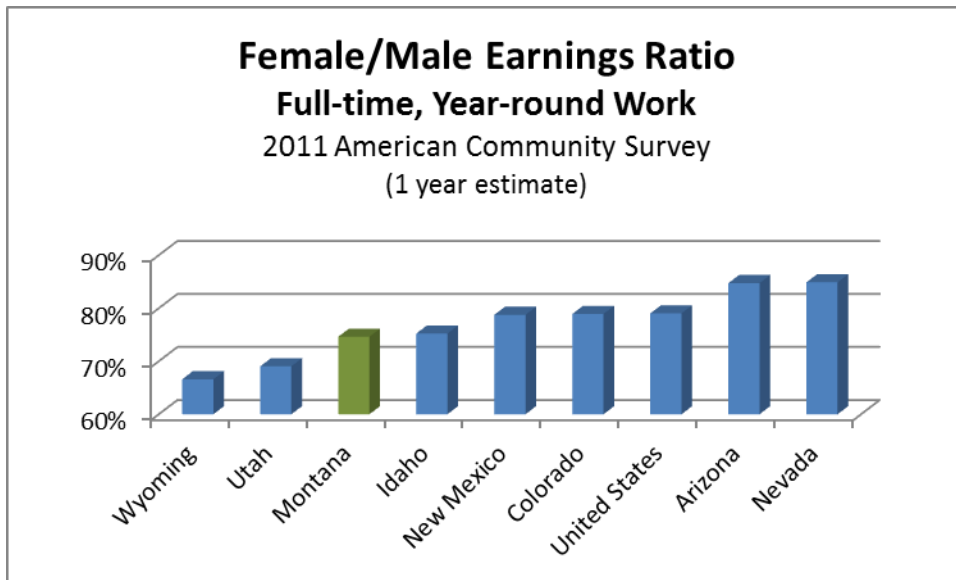
Figure 1.1



Sources: U.S. Census Bureau, 2005 and 2011 American Community Survey, Tables B20017

Even among its nine comparators in the Rocky Mountain region, Montana ranks third from the bottom in its female/male earnings ratio.

Figure 1.2

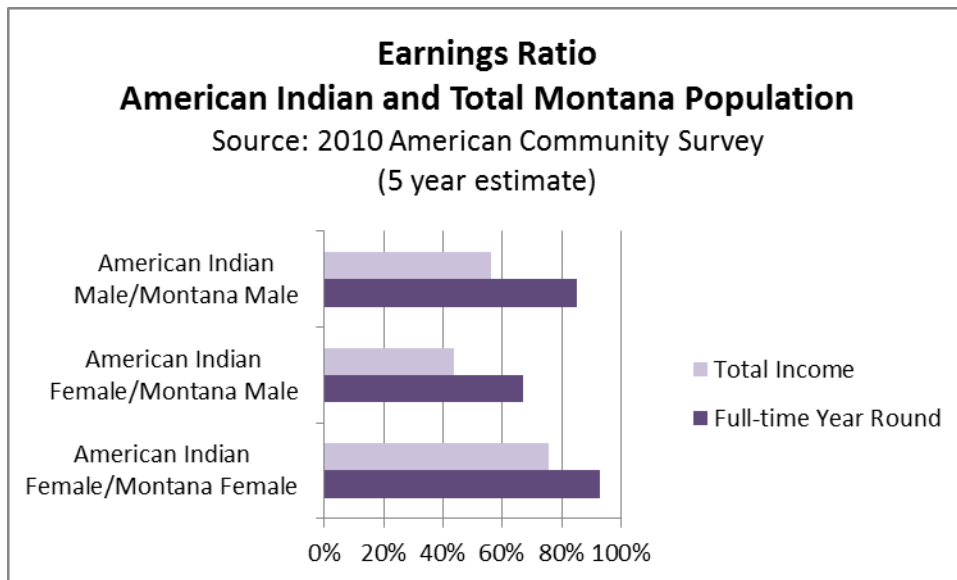


Source: U.S. Census Bureau, 2011 American Community Survey, Table B20017

“I see a lot of difference, especially within the state of MT for the employees with pay, the pay for a woman in the same position is considerably lower than that of a man.”
 Helena

The earnings ratio becomes even starker when we focus on Montana’s American Indian residents. In all categories, American Indians earn a fraction of the earnings of the rest of Montana’s population, with American Indian women earning 93% of the income earned by the total population of Montana women, and American Indian men earning approximately 85% of the earnings of total Montana male population for full-time year-round work. But American Indian women earn only 67% of the earnings of the total Montana male population. Where the difference is most marked is in the total earnings, which takes into account factors such as unemployment and underemployment. There, American Indian women earn only 44% and American Indian men earn only 56% of the total Montana male earnings.

Figure 1.3



Source: U.S. Census Bureau, 2010 American Community Survey, Table B19326

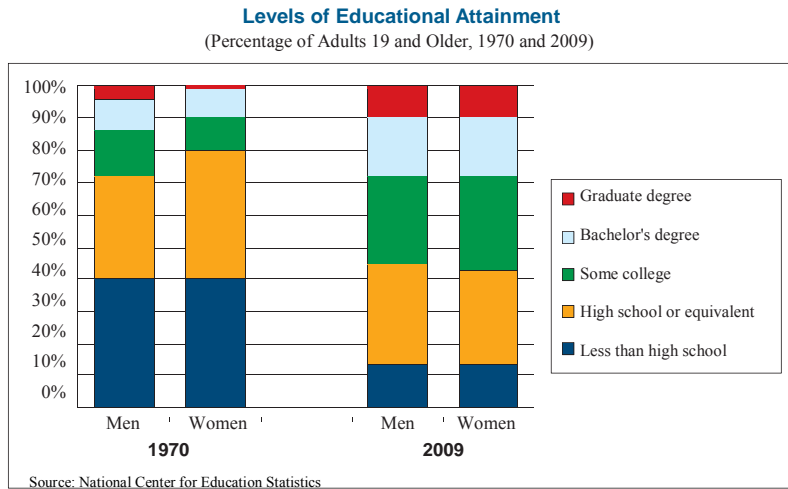
There are several possible reasons for lower earnings for women and American Indians, including reduced work hours or later or interrupted entry into the labor market due to care responsibilities, less or different education, different occupational trajectories and interests, and discrimination. The “easiest” problem to solve is education.

Earnings and Earnings Ratios by Educational Levels

Increased educational levels for both men and women result in higher wages, but women benefit less than men, even though women seek college education at the same or greater rate than men. In the nation, from 1970 to 2009, women caught up with men at high school, college, and masters level graduation rates (U.S. Dept. of Commerce, 2011).

“I do not know how anyone can make just minimum wage and still survive without some kind of assistance. You can’t. I used to work. I was a single mom, and I worked nights and days, and I had to go back to school, that is all there was to it.” Columbus

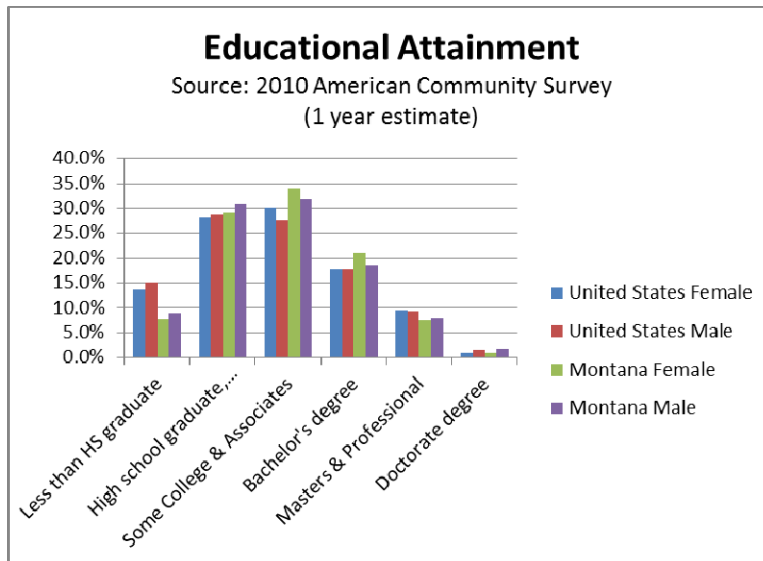
Figure 1.4



Source: U.S. Department of Commerce, “Women in America,” 2011, p. 20.

In Montana, women have sought higher education to a much greater extent, with 21% obtaining a bachelor’s degree compared with men’s 18.6%. At the master’s and professional level, 7.4% of women obtain a degree compared with 7.9% of men.

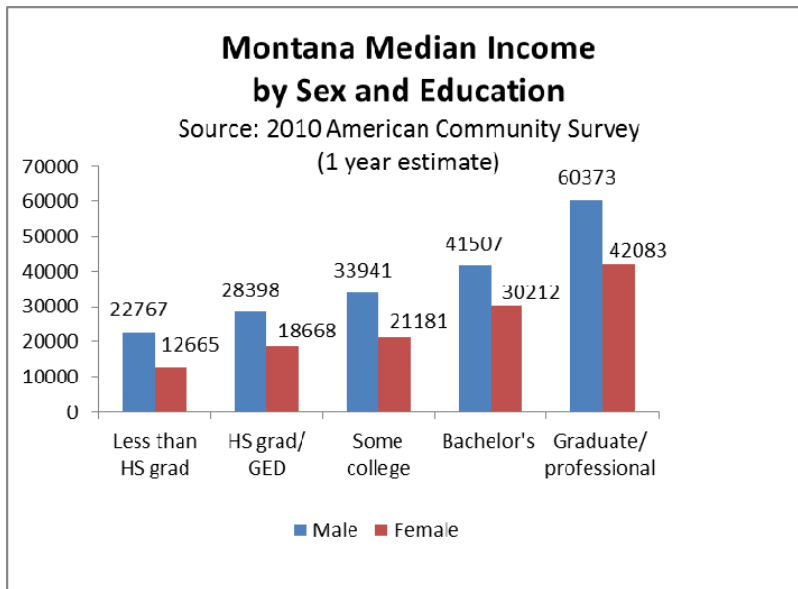
Figure 1.5



Source: U.S. Census Bureau, 2010 American Community Survey, Table B15002

Women’s increased education does not necessarily translate to higher earnings, compared with male earnings. In fact, women with a high school education earn less than men without, and the same is true for each level of education, with the exception of a doctorate, where the median income of women with doctorates is approximately \$500 per year more than the median income of men with masters and professional degrees (ACS 2010, one-year estimate).

Figure 1.6



Source: 2010 ACS, Table B15002

Given that higher education does increase income, even if not as much for women as for men, it is especially troubling that the rate at which American Indians graduate from college is not higher, with only 12% and 17% of American Indian men and women, respectively, obtaining a bachelor’s degree, compared to 29% of the total Montana population (ACS 2010, five-year estimate).

Table 1.1: Montana Educational Attainment, by Race and Sex

**Educational Attainment, by Race and Sex
Ages 25 and above**

	All Montana Males	All Montana Females	American Indian Males	American Indian Females
High School Graduate	90.2%	91.7%	79.1%	81.2%
Bachelors and Above	27.9%	27.8%	11.3%	14.2%

Source: U.S. Census Bureau ACS 2010 (5 year estimate), Table B15002

Principal reasons for lower educational attainment are cost of tuition/fees and housing, “opportunity costs” (loss of earnings, delayed family formation), and family responsibilities. For low income Montanans and for Native Americans, all these factors figure into the decision to put off higher education.

Increasing tuition, fees, books, and living costs have placed a four-year degree out of reach for many Montanans. In the last ten years alone, tuition and fees have increased an average of 46% at our four-year public colleges and universities, from a low of 13% at UM-Western (\$3696) to a high of 70% at UM-Missoula (\$5476), but the most expensive four-year public institutions are Montana Tech at \$5928 and MSU-Bozeman at \$6168 (*Chronicle of Higher Education* “Tuition Tool”). While two-year colleges remain relatively affordable, and tuition waivers exist for Native American Montanans, transferring to a four-year college can be fraught with difficulties, from moving away from familial support to finding that many of the technical credits earned at the two-year college do not count for a bachelors degree.

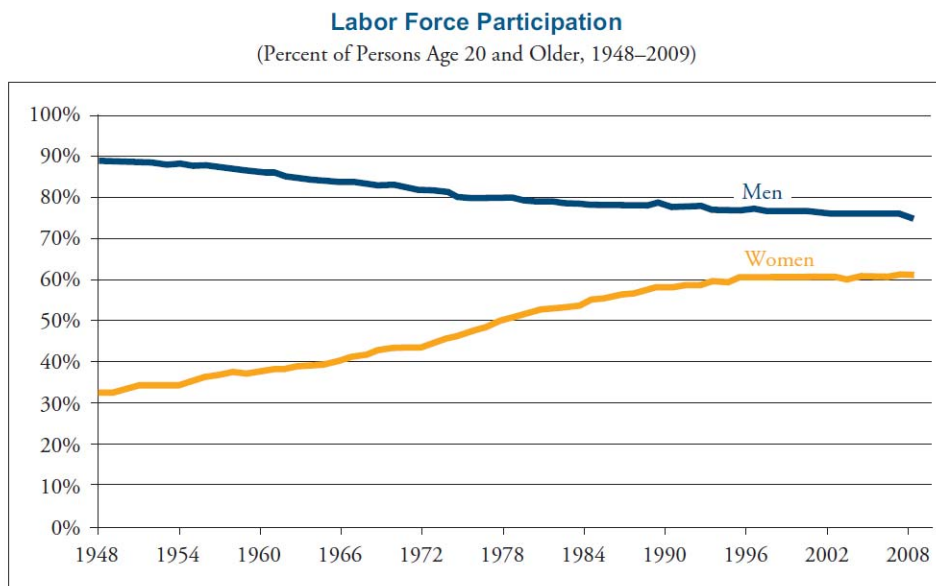
“I don’t know if I can always look towards the future, because I don’t know if I can handle it. If you look towards the future with kids, and getting an education, it’s harder to deal with than before. Because you can’t afford it, and they’ve cut back a lot on the financial aid and it’s getting harder on the parents to pay for it.” Billings

“You have to love Montana, and love to live here under these conditions. But our kids can’t afford to. They want educations and to pay their loans off. You know my daughter has a degree, she has to pay loans off, and she can’t do it here. She has two kids, she’s a single parent, and she cannot do it here and have any kind of a life.” Helena

Labor Force Participation

Historically, women have had a lower labor force participation because of care obligations and cultural norms. Today, however, women have increased their presence in the labor market dramatically, so that they comprise almost one-half of the total labor force. The “stay-at-home mom” is much less common and, some would say, almost a luxury, while the “working mom” has become normative, not only because of expectations in today’s society, but because the average family requires two incomes to meet the costs of housing and raising children. The chart below shows the relatively dramatic change in employment among men and women in the United States, with men’s labor force participation remaining steady or declining as economic conditions dictate.

Figure 1.7



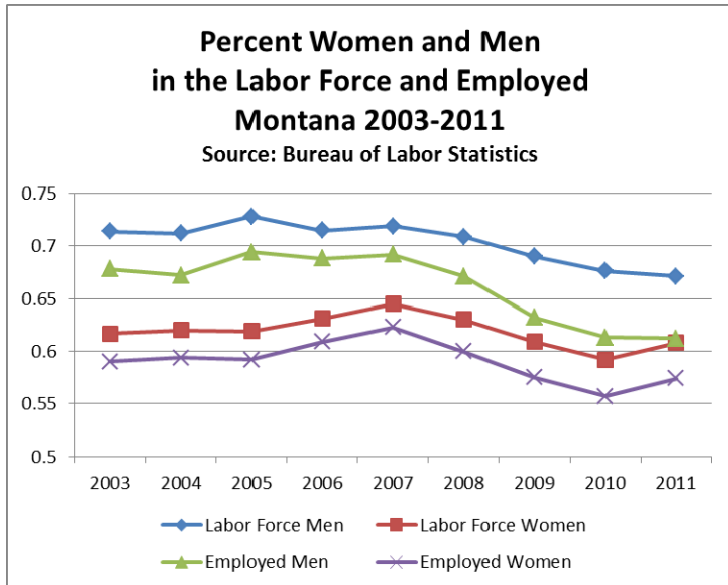
Source: Bureau of Labor Statistics

Source: U.S. Dept. of Commerce, “Women in America,” 2011, p. 29.

In Montana, we have seen a similar trend, even in the last eight years, with men’s labor force participation of 67.1% in 2011, compared with the LFP of women of 60.8% (Bureau of Labor Statistics, 2011). Women now comprise 47% of the labor force (2011 ACS, 1-year estimate).

In times of low job creation, not only does the unemployment rate go up, but the labor force participation rate goes down, as shown below.

Figure 1.8

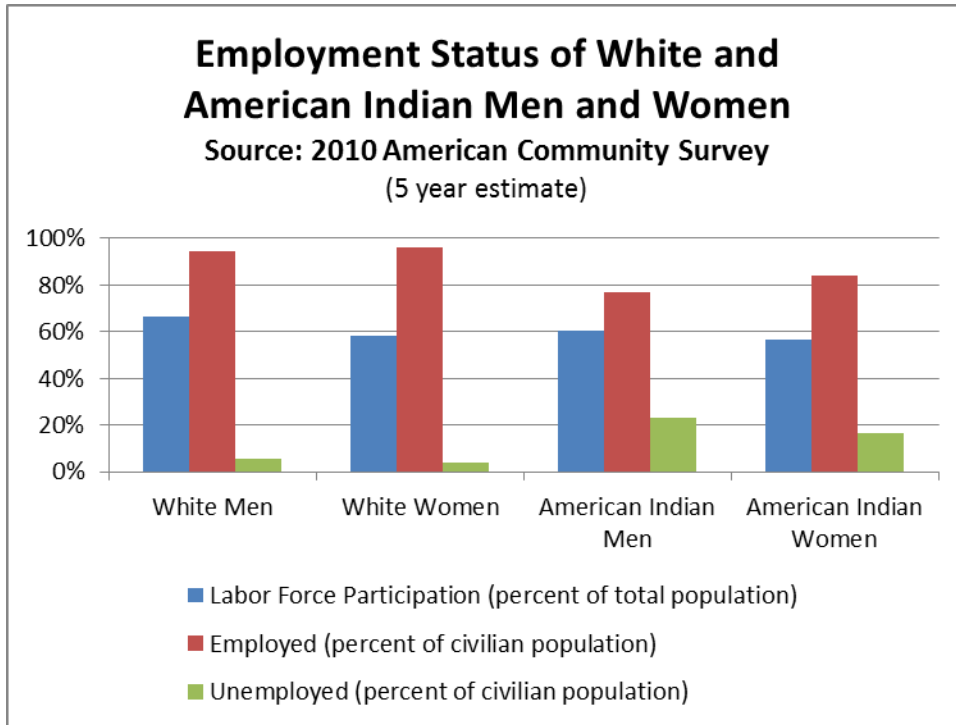


Source: Bureau of Labor Statistics Table 14: Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and marital status

Like other women in Montana, American Indian women’s labor force participation closely tracks that of similarly situated men, although they are more heavily affected by unemployment than others in the Montana economy.

“I think as Natives, if you start learning about finances in the first grade and learn and learn, you can pass that knowledge on to your children. If we can be business savvy, and financially savvy, we can succeed. We already know how to squeeze every penny out of a dollar and how to use our barter system. If we can have that knowledge we can do really well.” Browning

Figure 1.9

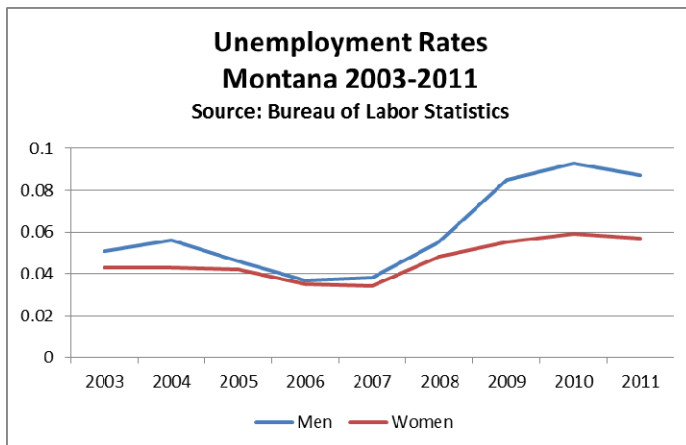


Source: 2010 American Community Survey, 5-year estimate, Table C230002A&C

Recession

The recession hit different groups at different times in Montana, with men suffering the greatest rates of unemployment early in the recession, but recovering more quickly than women, as women’s level of unemployment stagnated in the last couple of years.

Figure 1.10



Source: Bureau of Labor Statistics Table 14: Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and marital status

Since these data were collected, however, all states, including Montana, have experienced a remarkable recovery, as shown in the Figure from the Bureau of Labor Statistics below.

Figure 1.11

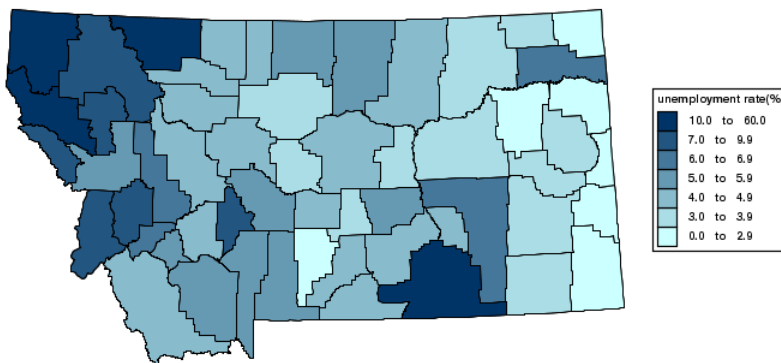


Source: U.S. Bureau of Labor Statistics, 2013, Table LASST30000003

The recovery, however, has not been uniform. We can see the geography of unemployment in Montana as of October 2012 in this map from the Bureau of Labor Statistics. Note the especially low unemployment rates in eastern Montana, with high rates in the reservation areas and the northwest. The counties with the largest unemployment rates tend to be those with reservations, including Big Horn, Flathead, Glacier, and Lake counties. Other counties with high unemployment include Lincoln, Sanders, and Mineral counties, historically dependent on wood products and mining (see Devlin 2011).

Figure 1.12

Unemployment rates by county, not seasonally adjusted, Montana October 2012



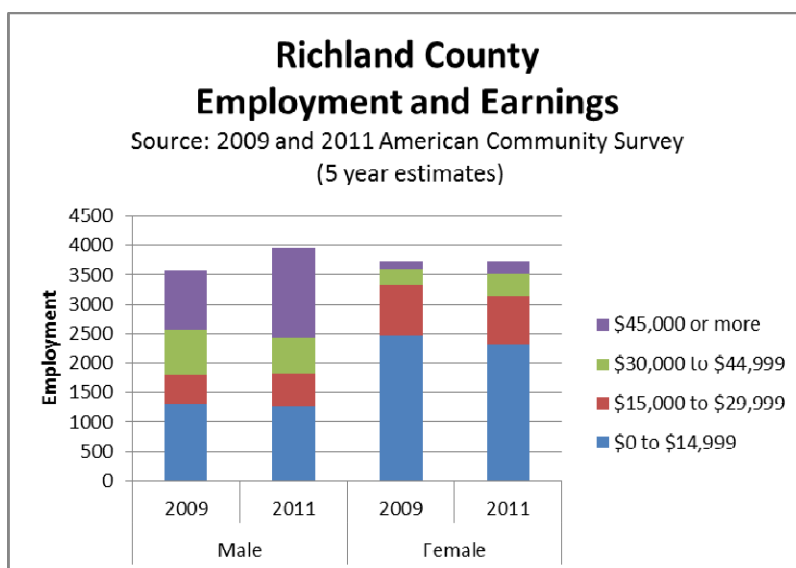
Source: Bureau of Labor Statistics, 2012, Local Area Unemployment Map.

Montana has been relatively fortunate because of the oil and gas industry in the eastern part of the state. But those jobs are mainly gendered “male,” with few employment opportunities for women, and even fewer for women with care responsibilities.

Although the recession affected Montana men first, they also had an easier recovery with the rapid expansion of the Bakken Oil Boom. According to the Bureau of Labor Statistics, the mean hourly wage for gas plant operators in eastern Montana in May 2011 was \$26.77, well above the mean wage for men with less than a college education in Montana. Growing from 3,000 barrels of oil a day in 2005 to 225,000 in 2010, the Bakken is now providing 11% of the total U.S. oil production (Institute for Energy Research 2013). In the Bakken area, unemployment is about 1.8%, compared to 6.4% in the rest of Montana. Most of the jobs are gendered “male,” including not only oil rig work, but also railroad, construction, auto and diesel repair, truck driving, and crime control. There are also jobs that may be considered “female-typed” in supportive services in medical care and the food industry, but the male-typed jobs tend to pay much more, as discussed below.

By observing the employment and earnings trend in Richland County, we can see the increase in male residents as well as the significant increase in earnings at the higher end of the scale. The chart below shows the number of individuals with income at each level. Because these are five-year estimates, from 2005 to 2009 and 2007 to 2011, there is some overlap in the data. Nevertheless, we can see that while women’s earnings have increased slightly over the two years in question, men’s earnings—as well as the number of men in Richland County—have increased substantially more.

Figure 1.13



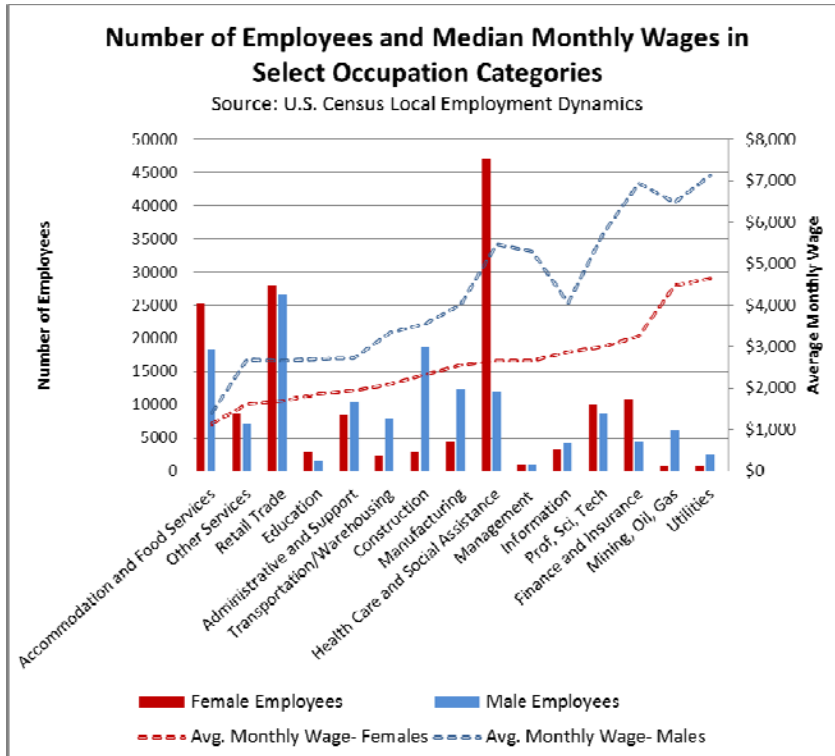
The unemployment rate and the reduced labor force participation rate among women and American Indians, however, remains problematic. One reason is the sort of work and the source

of employment. Women are more likely to work in occupations that did not recover as much in the last couple of years—retail and clerical—and were more likely to work in the public sector. Employment in the public sector tends to feel the effects of recessions about a year after the private sector because of tax revenues and austerity measures. Public sector employment has not recovered comparable to the private sector largely due to politically created spending constraints.

Job Clustering

Occupational clustering contributes to the wage gap, threatens women’s economic security and stability, and compromises the productivity of Montana’s economy. Not only are women more likely to work in sectors that did not see a return-to-job growth after the recession, but those “female-type” jobs tend to pay less than certain “male-type” jobs, as we see below. The occupations on the left side of the graph tend to be “female-typed,” that is, food service, accommodations, retail, and clerical, while those on the right side are “male-typed”—management, information, banking and insurance, oil and gas, and utilities. The jobs are the left pay less, no matter who does the work, women or men, while those on the right pay more, although men tend to earn more than women in those occupations. (Note that “health care” is a very large category and is probably over-inclusive, containing everyone from nurses’ aides to surgeons.)

Figure 1.14



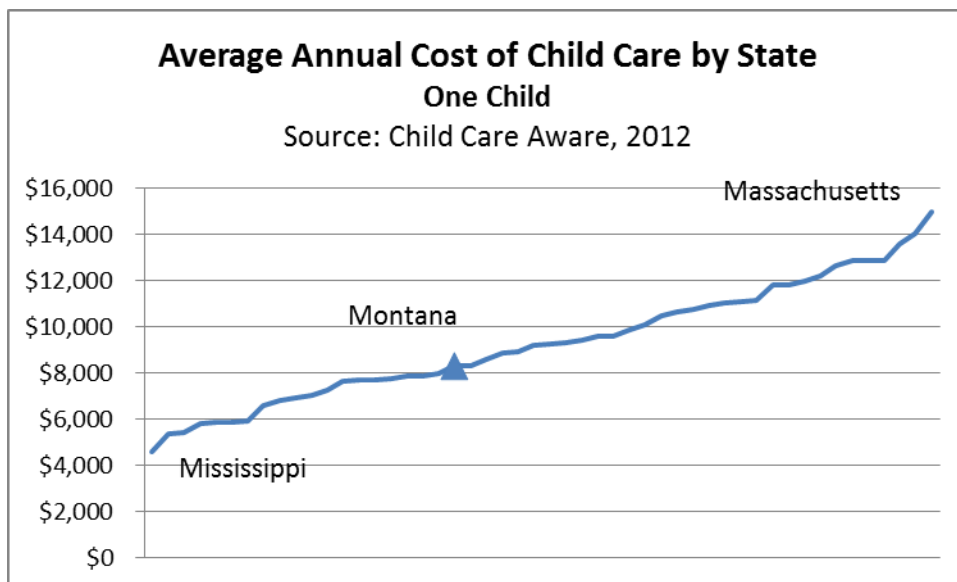
Montana is committed to paying equal wages for jobs of comparable worth; MCA 2-18-208, section two requires the Department of Administration to work toward the goal of establishing a standard of equal pay for comparable worth by, “comparing, in the classification of positions, the factors for determining job worth across occupational groups whenever those groups are dominated by males or females” (Montana Department of Administration, 2012). In its Broadband Pay Plan Policy, the Department of Administration is silent on this requirement. It may be worthwhile to require state agencies to inquire into the existence of job clustering, and the extent to which different pay scales are justified and to report biannually to the Department of Administration the efforts they make to achieve equal pay for work of comparable worth.

Child Care

Child care is a significant problem for women. Those who have young children must find childcare if they are to work, but if they have more than one child, the cost of child care can exceed their take-home pay.

The comprehensive study by Child Care Aware (2012) shows the economic burden responsibility for child care places on parents, with Montana ranking roughly in the middle of the states, with Mississippi on the low end, and Massachusetts on the high end. Even so, the average annual cost of child care for one child in Montana is approximately \$8,000, more than half the poverty threshold for a one-parent, one-child family of \$15,825.

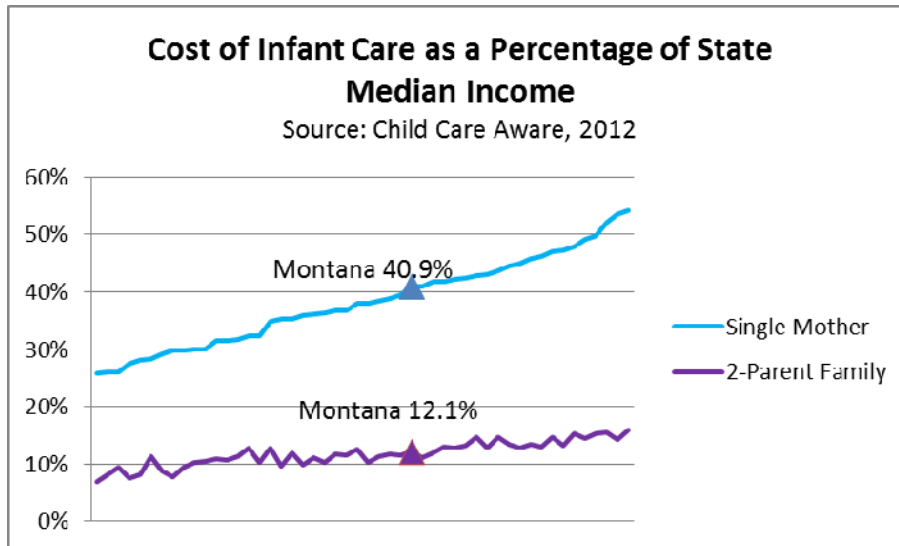
Figure 1.15



Source: Child Care Aware, 2012, Appendix 1

Although the income of Montana’s full-time, year round working women is the fourth lowest in the United States, the cost of infant care as a percentage of median income is the 22nd highest (Child Care Aware of America 2012, Appendix 2).

Figure 1.16



With the average annual cost of infant care in Montana at \$8,307, it takes up about 12% of the median income of a two-parent/two-earner family, and a staggering 41% of the median income of a single mother, and 44.8% of the poverty level income for a family of three. The report is a wealth of information on different costs for different ages and household formations, and the reader is directed to it for further study.

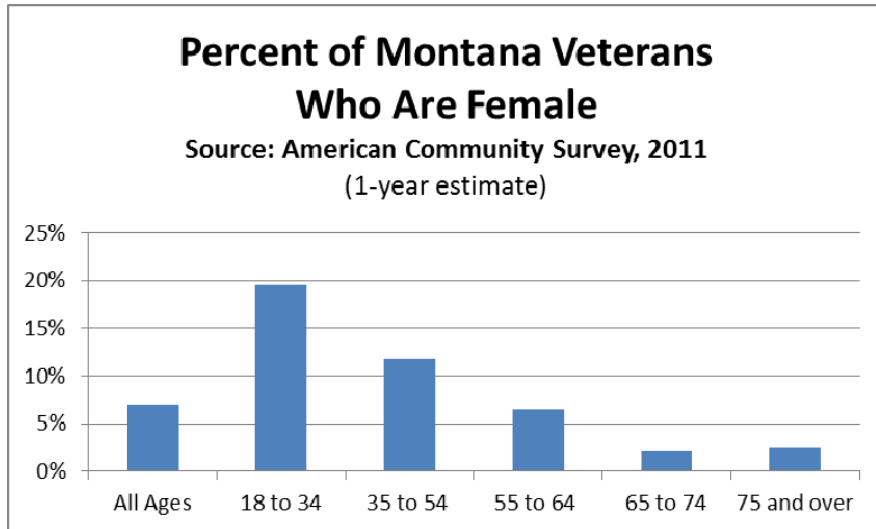
The problem becomes even more acute when we recognize that there are over 46,000 children under the age of six requiring child care, but only 32,894 spaces in both centres and with family child care providers. In 2010, the Child Care and Development Fund subsidized the costs for only 4,900 children in an average month, and on a nationwide basis approximately 17% of the need (U.S. Dept. of Health and Human Services 2011, Table 1; Child Care Aware, 2012, p. 11). The CCDF, which oversees and funds state child care programs, is a block grant (Child Care and Development Block Grant Act), which relies on states to take the ultimate responsibility for funding child care subsidies.

VETERANS

Since 1973, the number of women serving in the nation’s military has increased dramatically. The combat exclusion policies were lifted in the 1990s, allowing women to serve in more military occupations and to more easily advance in military rank (National Center for Veterans Analysis and Statistics (NCVAS) 2011). In 2011, they comprised 14.6% of America’s active duty force and 15.5% of the reserve and national guard (Women In Military Service For America Memorial Foundation, Inc., 2011). Today, Montana is home to over 8,000 female veterans.

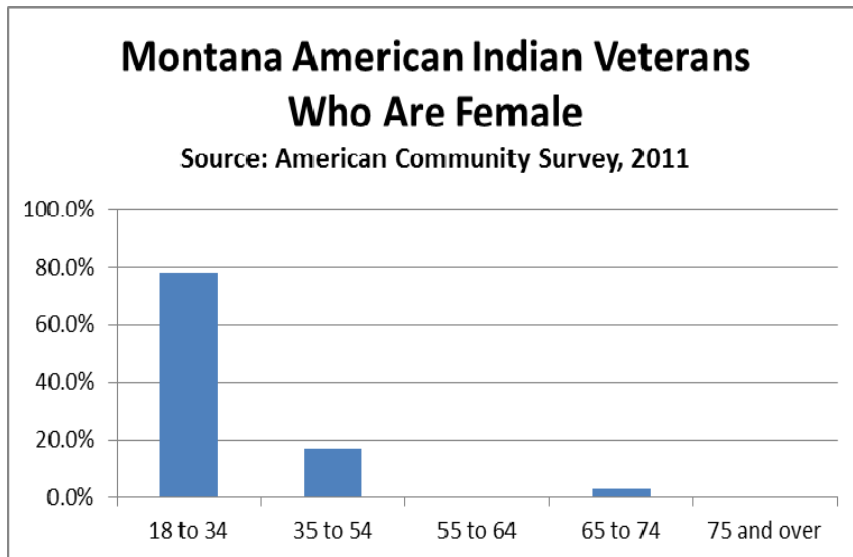
Almost 20% of all Montana veterans under 34 are female, and the percentage is even higher for American Indian veterans, with women accounting for almost 80% of all young American Indian veterans.

Figure 1.17



Source: American Community Survey, 2011, 1-year estimate, Table B21001

Figure 1.18



Source: American Community Survey, 2011, 1-year estimate, Table B21001C

Women serve in the military for the same reasons men do: to serve their country, learn new skills, and improve their economic position. The post-World War II G.I. Bill helped to build

America's middle class by making it possible for millions of servicemen and women to afford homes and post-secondary education. Today's G.I. Bill and other educational benefits similarly provide a leg up for young men and women who would not ordinarily be able to afford college. The Veterans Administration reported that 2,859 Montana veterans collected some sort of educational assistance in 2011 (U.S. Dept. of Veterans Affairs (DVA), Veterans Benefits Administration 2012). Nationwide, female veterans use their educational benefits to the same extent as men. Even so, the Veterans Administration recognizes that there are significant gaps in its service to the women who served this country because of the military's historical male composition:

- Underutilization of services
- Lack of awareness of benefits or eligibility
- Personal privacy and environment of care
- Fragmentation and gaps in health care
- Access to mental health care services
- Access to gender-specific specialty care (OB/GYN)
- Gender-based health disparities
- Underrepresentation in research; lack of data
- Unemployment
- Homelessness
- Need for child care
- Military sexual trauma (MST) and related issues (i.e. PTSD coverage, employment, etc)
- Domestic violence. (DVA, Women's Veterans Task Force 2012).

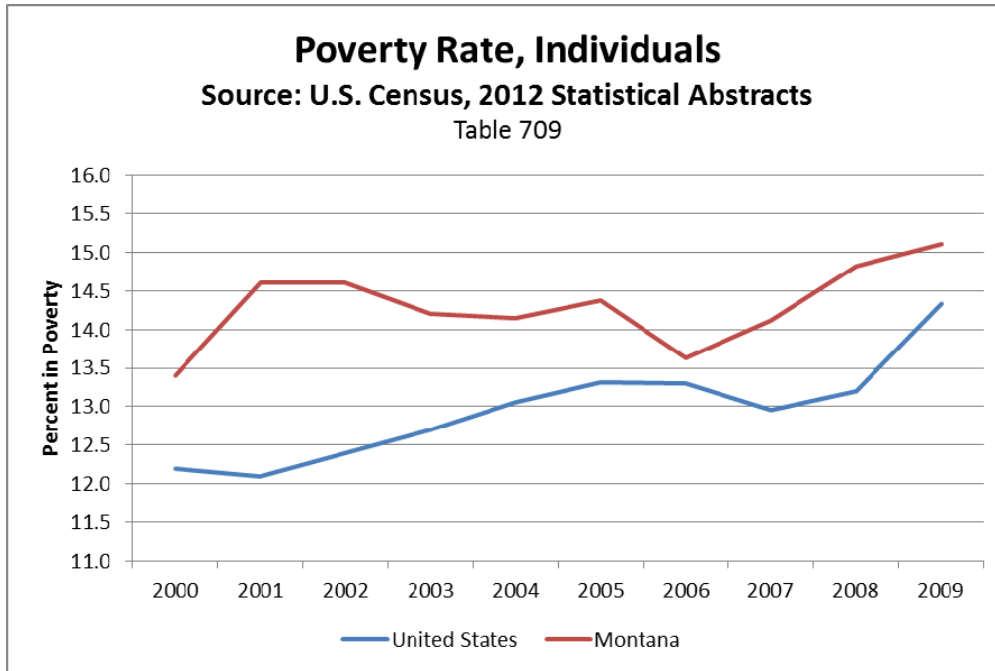
In addition to the women serving in the military and the Montana National Guard, there are still more who are dependents of those who serve. In January 2012, new regulations allowed family members to take time off under the Family and Medical Leave Act to care for their loved ones, expanding the reasons for absence to include taking care of financial, legal, or child care issues due to deployment, attending certain military events, and spending time with a family member during rest and recuperation leave (Lindeman 2012). The FMLA, however, suffers from severe limitations, including extending eligibility only to those employees who work for employers with 50 or more employees, and the lack of any compensation for the leave. It is estimated that approximately 77% of those eligible for FMLA leave choose not to use it because they cannot afford the loss of income (Lindeman 2012).

As the United States lifts its ban on women serving in combat, even more women will pursue military service, and Montana must be prepared to provide the assistance they need in recognition of their contributions to our state and nation.

POVERTY

Montanans are more likely to be poor, compared with the rest of the nation, and women are more likely to be poor than men. In the 2012 Montana Homeless Survey, over 50% of the respondents were women (Montana Dept. of Public Health and Human Services (DPHHS) 2012a).

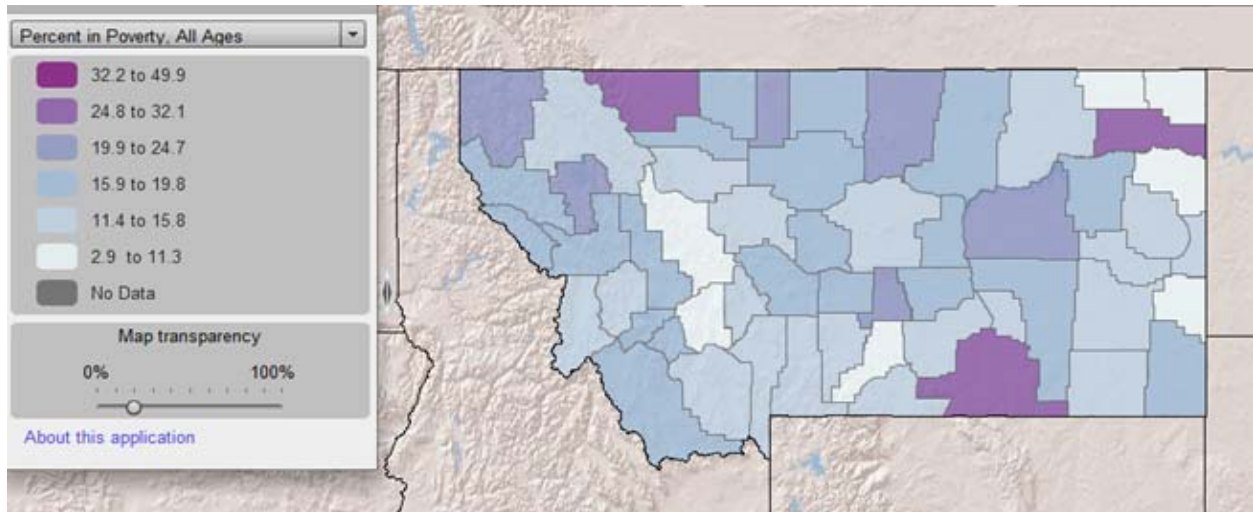
Figure 1.19



There is not only a demography to poverty; poverty also has a geography, with some counties much poorer than others. A useful tool in understanding the geographic distribution of poverty can be found on the U.S. Census Bureau website, at the Small Area Income and Poverty Estimates Mapping site.

Here is one map:

Figure 1.20



Source: U.S. Census Bureau 2012, SAIPE

From here, we can see that while most counties have poverty rates in excess of 11%, some counties—Big Horn, Roosevelt, and Glacier, all reservation counties—have poverty rates of over 25%. Glacier County, home of the Blackfeet Nation, is particularly hard-hit, with over 31% of its people living in poverty, with Roosevelt (Fort Peck) at 26.9% and Big Horn (Crow and Cheyenne) at 28.6%. But even in relatively better-off counties, children still are subject to poverty to a much greater extent than others in the community, as we see in the table below. While about 16% of Montana residents live in poverty, almost 21% of its children—more than one-fifth—are poor.

“A single parent who is not married cannot make a living in Montana without assistance. Even if they have what is so-called a “good” job, you cannot survive without assistance on your own.” - Columbus

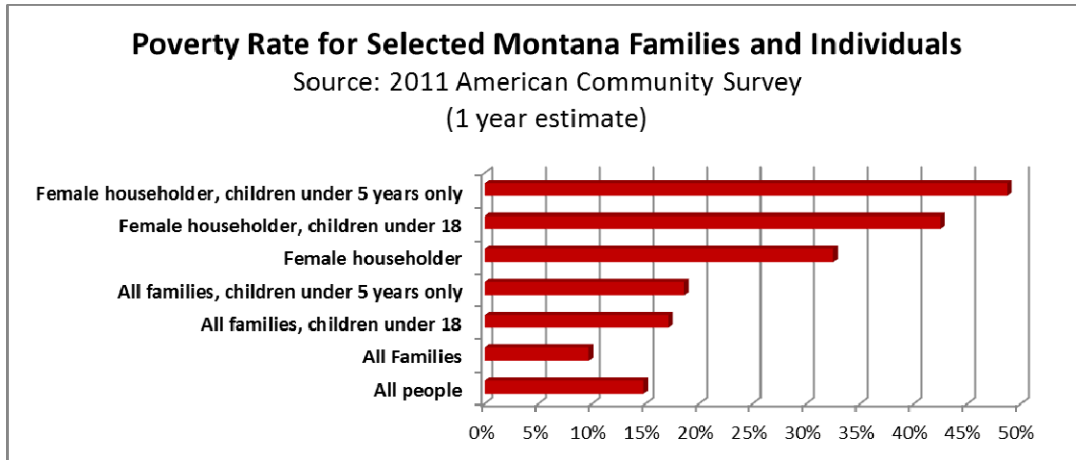
Table 1.2: Poverty Rates for Montana Counties, by Age

POVERTY RATES FOR MONTANA COUNTIES						
County	Total Population	Under Age 18		County	Total Population	Under Age 18
Beaverhead County	17.2	24.5		McCone County	16.1	21.8
Big Horn County	28.6	36.1		Meagher County	19.8	30.4
Blaine County	24.2	32.2		Mineral County	17.7	30.3
Broadwater County	12.9	18.5		Missoula County	17	19.4
Carbon County	12.2	17.7		Musselshell County	17.6	29.6
Carter County	17.4	29.9		Park County	12	19.2
Cascade County	15.3	21.2		Petroleum County	18.3	26.7
Chouteau County	17.9	27		Phillips County	16.2	23.4
Custer County	14.2	20.3		Pondera County	19.2	24.9
Daniels County	10.2	11.2		Powder River County	13.9	15.4
Dawson County	12.2	15.9		Powell County	19.7	23.7
Deer Lodge County	17.1	24.5		Prairie County	13.4	19.6
Fallon County	8.5	11.9		Ravalli County	15.3	25
Fergus County	13.1	20.8		Richland County	9.7	14
Flathead County	12.3	19.1		Roosevelt County	26.9	36.8
Gallatin County	12.5	13.1		Rosebud County	18.8	27.2
Garfield County	20	30.6		Sanders County	18.1	32.8
Glacier County	31.2	39.2		Sheridan County	10.8	13.6
Golden Valley County	23.5	36.5		Silver Bow County	17.2	22.7
Granite County	15	26.8		Stillwater County	10.4	14
Hill County	18.9	25.8		Sweet Grass County	11.8	15.2
Jefferson County	10.1	13.6		Teton County	15.2	19.8
Judith Basin County	16.2	23.8		Toole County	18.4	21.5
Lake County	22.8	33.1		Treasure County	12.5	19.7
Lewis and Clark County	10.8	15.4		Valley County	15.3	22.4
Liberty County	22	27.7		Wheatland County	19	27.4
Lincoln County	22.2	34.4		Wibaux County	11.8	17
Madison County	12.2	18.2		Yellowstone County	13	16.8

Source: U.S. Census Bureau 2012, SAIPE

Children living in a household headed by a lone mother, however, are much poorer, with 42.5% of these households living in poverty.

Figure 1.21



Source: U.S. Census, ACS 2011, DP-03

Childhood poverty is caused by many factors. Probably the greatest contributor to childhood poverty is that parents of young children are usually at the beginning of their economic lives and thus have lower earnings. Another is that most children live with both mothers and fathers, but many live only with their mothers, and as we have seen, women tend to earn significantly less than men of the same age, education and employment experience.

Table 1.3: Poverty in Families and Individuals, U.S. and Montana

PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL		
United States and Montana		
	United States	Montana
All Families	11.7%	9.7%
With related children under 18	18.6%	17.1%
With related children under 5 years only	19.4%	18.6%
Married couple families	5.8%	5.0%
With related children under 18	8.8%	7.9%
With related children under 5 years only	7.4%	8.0%
Families with female householder, no husband present	31.4%	32.5%
With related children under 18	40.8%	42.5%
With related children under 5 years only	47.9%	48.7%
All people	15.9%	14.8%
Under 18	22.5%	19.7%
Related children under 18	22.2%	19.1%
Related children 5 to 17	20.8%	17.8%
Related children under 5	25.8%	22.7%
18 and over	13.9%	13.4%
18 to 64 years	14.8%	14.6%
65 years and over	9.3%	8.1%
People in families	13.4%	11.3%
Unrelated individuals 15 years and over	27.0%	27.2%

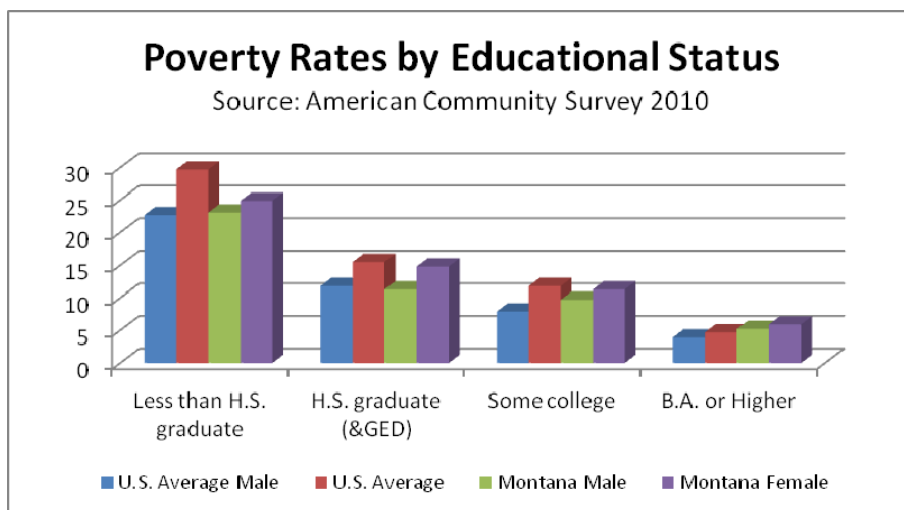
Source: U.S. Census Bureau, ACS 2011, DP-03

Education is one route out of poverty. Women with a college education are much less likely to live in poverty, compared to their sisters without. However, even with a college degree, Montana women are more likely to have poverty-level incomes than men because of their generally lower wages and other factors that affect women’s earnings capacity.

“Women get taken advantage of by credit card companies and predatory lending agencies, as well as going to an auto mechanics shop- It can ruin a family’s life and make the kids ultimately suffer because mom is getting checks garnished.” Great Falls

“With all the constant changes in the economy I believe it is important that women understand how to budget, buy a home, college savings, retirement savings, etc. When you don’t keep up with changes they start to quickly impact your finances.” Billings

Figure 1.22



Source: U.S. Census Bureau 2011, NP-01.

Although, in general, older individuals are less likely to suffer from poverty than young parents, older women present special difficulties. Older women are more reliant on Social Security insurance than men. Montana men 65 and older, living alone, have a median income of \$22,800, with Social Security representing about 53% of their income, Montana women elders live on \$17,700, and Social Security is 72% of this. With Social Security, only 6% of Montana’s elders live in poverty. Without it, the number would be far, far greater, and greatest for women.

Assistance

The poor in this state are not the beneficiaries of a significant amount of state assistance. There are a few basic means-tested programs that assist the poor, but they do not come close to reaching everyone in need: Temporary Assistance to Needy Families (TANF, a.k.a. “welfare”), Supplemental Nutrition Assistance Program (SNAP, a.k.a. “food stamps”), Supplemental Security Income (SSI, for the permanently and totally disabled and the elderly), and other programs such as home heating assistance and child care subsidies. This section will focus on TANF, SNAP, and SSI.

TANF: Since the massive overhaul of “Aid to Families with Dependent Children” in 1996 (“welfare reform”), fewer children and their parents receive cash public assistance. In 2008, less than 8% of mothers of children in poverty received TANF, and in 2013 the full grant amount for a family of three is \$504, or less than 1/3 of the federal poverty line (Henrici et al. 2010; Finch and Schott 2011; DPHHS 2013).

SNAP: Sixty-one percent of all women in poverty did not receive SNAP in 2008 (Henrici et al. 2010). The need increased after 2008, as the recession reduced pay and eliminated jobs. Many policy analysts see programs like SNAP as less a symbol of the nation’s welfare policy and more a measure of the level of need. Far fewer people who are eligible for food assistance apply for it, so when SNAP assistance levels increase, it is a good indicator that more people are feeling the pinch. In 2011, 10.9% of Montana households received SNAP benefits, compared with 13% of all American households (ACS 2011, 1-year estimate). Of households with children in both the United States and Montana, over 47% received food stamps (ACS 2011, 5-year estimate).

SSI: Supplemental Security Income provides a means-tested benefit for individuals who are permanently and totally disabled or are 65 and over, who lack the resources and income necessary to support themselves. The average benefit in Montana was \$8,835, compared to the national benefit of \$8,940. While 5.3% of Americans receive the benefit, only 4.0% of Montanans do so. The reason this is a “woman’s issue” is because the major beneficiaries of SSI are either the very elderly in nursing homes or children with a major disability. Because of their greater longevity, women are more likely to be alone when they become frail, or they are the main caregivers of the frail elderly. They are also most likely to be the principal caregivers of profoundly disabled children. In addition, SSI is the “safety net” if an individual lacks Social Security Insurance eligibility; women are more likely to be among the uninsured because of care responsibilities that removed them from the labor market for large periods of time

In the 1980s, much was made of the “feminization of poverty,” as rising levels of divorce and single parenting revealed the lower income of divorced and separated female caregivers. However, what the data really showed was that women had always been less financially secure

than men due to lower wages, reduced work hours, and different career choices due to care responsibilities, as well as lingering discrimination and structural forms of gender inequality. These still show up in women's increased poverty rates, especially among women of color, the disabled, and the elderly. This inequality and financial insecurity too often resulted in women's dependence on a male breadwinner, even when the home was the site of mental and physical abuse. Women's financial insecurity is part of the picture of women's overall vulnerability to other safety concerns, as we will see in the next section.

“As a student, I’m not working. I’m just a student. I get survivor benefits from my deceased husband, and that’s what I live on once a month. But what I get doesn’t go very far, and car payment, utilities and groceries, and by the time I have all that taken care of I’m lucky if I have \$100 in my account. And I have to stretch that. So it’s really tough. And if I try to get a job, they deduct that from my benefits so I don’t win. I’m stuck. And even if I give up my survivor benefits for a good job, it’s scarce to get a good job that will meet your needs so that you can make your payments that you need to pay. So I find the economy now is really high and everything is going up. The cost of living is really getting high so I’m caught right in the middle.” Browning

SECTION 2

SAFETY

Women and children in Montana continue to suffer from sexual and physical violence each year, despite the help of advocates and organizations working hard to lower that number. The American Psychological Association (2010) in their *Task Force Report on the Sexualization of Girls* argues that there's a strong relationship between the sexualization of women and girls and sexual violence and exploitation. The increasing sexualization of women and girls that we have observed over the last several decades through media and other cultural messages has had an effect on society in increased sexist attitudes; fewer girls pursuing careers in science, technology, engineering and mathematics (STEM); a societal tolerance of sexual harassment and sexual violence; and an increased demand for child pornography. Not only are women and children victims of the normalization of violence in our culture, but they suffer from the related emotional effects from physical forms of violence. Violence against women is carried out in bullying, date rape, and domestic violence. The related emotional effects of physical violence include eating disorders, low self-esteem, and depression (including increased suicidal thoughts). Behavioral effects include increases in suicide attempts, teen pregnancy, and substance abuse.

SEXUAL ASSAULT

Sexual harassment and assault begin early for young women. Below we focus on safety, victimization, and risk behaviors as self-reported by Montana youth (grades 9–12) in 2011. Both female and male Montana youth feel relatively safe going to school, with 4.2% reporting missing school because they felt unsafe compared with 5.9% nationally.

Young Montana women, however, are more likely to be physically and emotionally at risk with 28.4% (versus 23.6% for young men) reporting being bullied on school property and 27.3% (versus 11.4% for young men) being electronically bullied. Bullying of women is most often related to "gender conformity"—whore, slut, fag, or gay. Bullying is associated with significantly higher negative mental health outcomes for all students.

Both men and women report being hit, slapped, or physically hurt by a romantic friend, 11% compared with the national average of 9.4%. More alarming, 13.2% of young women in Montana (versus 6.6% for young men; 8% for young women nationally) report being physically forced to have sexual intercourse against their will. Higher rates of forced sexual intercourse are related to higher rates of sexually transmitted disease and higher teen pregnancy rates.

Table 2.1. Percent of Behaviors Related to Injury and Violence for Montana Youth in Grades 9 – 12, 2011

	Females	Males	Montana	United States
Missed school because felt unsafe ^b	4.2	4.2	4.2	5.9
Bullied on school property ^b	28.4	23.6	26.0	20.1
Hit, slapped, or physically hurt on purpose by romantic friend ^a	10.5	11.4	11.0	9.4
Physically forced to have sexual intercourse ^a	13.2	6.6	9.8	8.0
Electronically bullied ^a	27.3	11.4	19.2	16.2

Source: Montana Office of Public Instruction (OPI) 2011

^a During 12 months before the survey

^b During the 30 days before the survey

Sexual violence, stalking, and intimate partner violence are important and widespread safety issues for all ages of women in Montana. Table 2.2 shows lifetime estimates of the prevalence of rape, sexual violence, stalking, and intimate partner violence. These estimates reflect the proportion of women in the Montana population (in comparison with women nationally) with a history of rape, sexual violence, and stalking by any perpetrator. An estimate is also given for this violence and victimization by an intimate partner. Approximately 18.5% of women in Montana have been a victim of rape; 40.2% a victim of other sexual violence; and 18.4% a victim of stalking.

Montana ranks higher than the U.S. national average in three out of four categories of sexual violence. Montana women are more likely to be raped by any perpetrator (18.5% of Montana women versus 18.3% of U.S. women); a victim of stalking by any perpetrator (18.4% of Montana women versus 16.2% of U.S. women); and raped, experienced sexual violence and stalked by an intimate partner (39.2% of Montana women versus 35.6% of U.S. women). Only sexual violence other than rape by any perpetrator was lower for Montana women (40.2% versus 40.6% nationally).

Table 2.2. Estimated Counts and Percentages of Lifetime Prevalence of Sexual Violence, Montana, 2010

	Number of Victims	% of Montana Female Population ¹	% of U.S. Female Population
Rape by any Perpetrator	70,000	18.5 12.5-26.5	18.3
Sexual Violence Other Than Rape by any Perpetrator	153,000	40.2 31.6-49.4	44.6
Stalking Victimization by any Perpetrator	70,000	18.4 12.0-27.1	16.2
Rape, Sexual Violence, and Stalking by an Intimate Partner	149,000	39.2 30.7-48.4	35.6
Total Estimated Reported Incidents	442,000		

Source: Centers for Disease Control and Prevention (CDC) 2010

INTIMATE PARTNER VIOLENCE

Each year, approximately five out of every 1,000 Montanans are victims of reported cases of domestic violence – and that does not include those who do not seek help and suffer in silence. (Domestic Violence Abuse Awareness Society 2012). Domestic violence is one of the leading causes of homelessness for women, and those who are homeless are at increased risk of being sexually assaulted.

If we look at the services provided by state agencies to help women who suffer from domestic violence, we see that programs and shelters are doing an admirable job. However, because they lack funds and staff to assist victims who need such services as transportation, childcare, translation help, counseling, or legal representation, not all needs are being met. In Table 2.3, we report the results of a study conducted by the National Network to End Domestic Violence (NNEDV). In one sample day (on September 15, 2011), 19 out of 21, or 90% of identified local domestic violence programs in Montana participated in the 2011 National Census of Domestic Violence Services. This 24-hour census of domestic violence shelters and services counts adults and children seeking domestic violence services, the types of services requested, and the number of service requests that went unmet because of lack of resources.

¹ The table includes a prevalence estimate, the estimated number of victims, and 95% confidence intervals. It is important to keep in mind that the prevalence estimates are based on a sample and not a census of the state population. The percentage on the first line is the percent of the total sample. The percentage on the second line represents the percent range expected within the entire population, with a 95% confidence interval.

Emergency shelter continues to be one of the greatest needs, with 84% of the programs in Montana (compared to 74% nationally) providing services for emergency shelter. Out of the unmet requests, 88% of those were for emergency shelter and transitional housing. Teens are also in need of such services, and in only one day, 16% of the programs provided services (advocacy and support) to teen victims of dating violence.

Table 2.3. Domestic Violence Counts and Percentages for One Day (September 15, 2011), Montana and National Summary

	Montana	United States
Victims Served	279	67,399
Used Emergency Shelters	185	36,332
Received Non-residential Assistance (adults and children)	94	31,007
Hotline calls answered	107	22,508
Unmet Requests for Services	26	10,581
% of Local Programs that Provided Services		
Individual support	95%	
Emergency Shelter	84%	74%
Children's support	74%	79%
Legal services	37%	53%
Transitional Housing	32%	35%
Advocacy/Support to Teen Victims of Dating Violence	16%	

Source: National Network to End Domestic Violence 2011a

GREATER RISKS FOR AMERICAN INDIAN WOMEN

Although Indian tribes are acknowledged as sovereign governments by the U.S. Constitution and other legal decisions, Indian tribal governments continue to lack the jurisdiction to combat domestic violence in their communities. The steady increase of violence against American Indian women is investigated and prosecuted exclusively by federal or state government officials (sometimes from long distances away), including misdemeanor crimes of domestic violence committed by non-Indians against Native women. Thirty-four percent of American Indian and Alaska Native women will be raped in their lifetimes, and 39% of American Indian and Alaska Native women will be subjected to domestic violence in their lifetimes (U.S. Congress 2010). Yet U.S. Attorneys decline to prosecute nearly 52% of violent crimes that occur on reservations, and 67% of those cases were sexual abuse-related cases (U.S. Government Accountability Office 2010). With such a high record of rape and domestic violence and the low rate of prosecution even attempted, violent offenders are likely to walk free among the very women that they victimize.

The National Violence Against Women survey (Tjaden and Thoenne 2000) finds that American Indians and Alaska Natives are at greater risk of violent victimization than are other groups and that 88% of all violent crimes against Native women are committed by non-Indians. Another study reports that the rate of violent victimization of American Indians was more than twice the national rate at 124 reported victimizations versus 50 per 1,000 persons age 12 and older (Greenfeld and Smith 1999). American Indian women were significantly more likely than white women to report that they were raped or stalked (34.1% and 17.0%). Although we do not have extensive data for American Indians in Montana, at 6% of the state population their welfare and safety as victims of rape, physical assault, and stalking is at greater risk.

Table 2.4. Percent of U.S. Women Victimized in Lifetime by Type of Victimization, Victim Sex, and Race

Type of Victimization	Women Victimized in Lifetime					
	Total	White	African American	Asian/Pacific Islander	American Indian/Alaska Native	Mixed Race
Rape	18.2	17.7	18.8	6.8	34.1	24.4
Physical Assault	51.8	51.3	52.1	49.6	61.4	57.7
Stalking	8.2	8.2	6.5	4.5	17.0	10.6

Source: Tjaden and Thoennes 2000.

Issues of safety begin early for women in Montana compared with men and compared with women nationally. Young Montana women (grades 9–12) have higher rates of bullying and forcible sexual intercourse. Victims of these acts are likely to display negative behavioral and emotional responses, including eating disorders, low self-esteem, depression, suicidal thoughts and suicide attempts, teen pregnancy, and substance abuse. These higher rates continue: Montana women are more likely to be raped by any perpetrator, be a victim of stalking by any perpetrator, and be raped, experience sexual violence, and be stalked by an intimate partner. One out of every five Montana women is a victim of domestic violence, and service providers report that shelters are the greatest need. American Indian women are at a significantly greater risk of assault (rape, physical assault, and stalking), particularly on one of the seven reservations in Montana and warrant extra attention in a discussion about increasing the safety and security of Montana women.

SECTION 3

HEALTH

The National Women's Law Center publishes a *Health Care Report Card* with the goal of promoting the health and well-being of women by providing a comprehensive assessment of women's overall health. The "2010 Report Card" gives women's health in Montana an overall grade of *Unsatisfactory* (National Women's Law Center (NWLC) 2010a). Across a variety of indicators of health, wellness, and prevention, Montana's women rank lower than women in other states and across the nation. The data show even greater health disparities for Native American women and other women of color.

Women recognize the growing need for adequate healthcare services for themselves and their children:

“Healthcare is one of the most important issues. Our children don’t have healthcare at this moment and it will be hard for us to have to pay for it, we don’t have the funds. We will be borrowing for whatever we don’t have. We’ve looked at it and it is \$300 or \$400 a month for each child. We don’t have that kind of money! I see both sides, I think we need social health care, I understand its hurting the economy but we can’t afford it. Our family can’t afford to get healthcare or we would have it. My husband is a ranch hand; if he looked at getting it added to his policy at work, and they want \$600 additional a month, just to put it on his plan. We don’t have that kind of money. What do you do? Where is it going to come from?” Columbus

ACCESS TO HEALTH CARE

Factors affecting access to health care services include affordability, availability of services, and availability of information about the importance of services. Without health insurance, most women can't obtain the health care they need. As noted in the *Health Report Card* (2010b), nearly one in five women ages 18–64 is uninsured in the U.S. Because women are generally poorer than men, the costs of health care, particularly for single, divorced, or widowed women, have a much stronger impact on their family finances. Women in Montana earn just under 75 cents for every dollar that men earn. Women's median pay for working fulltime, year round is \$31,067 per year, compared with the median yearly pay for a man of \$41,635. This results in a yearly wage gap of \$10,568 between full-time working men and women in the state (U.S. Census Bureau 2012b) and a gap in the amount of health care that they are able to obtain.

Women also are more dependent on the health care system because of their reproductive health needs (U.S. Census Bureau 2012b). With a greater share of their income going to health care needs, they struggle with medical debt and report more cost-related problems in accessing health care. And this will be related to other problems such as paying for food or shelter, using up savings on medical bills, and taking on debt through mortgages, loans, or credit cards.

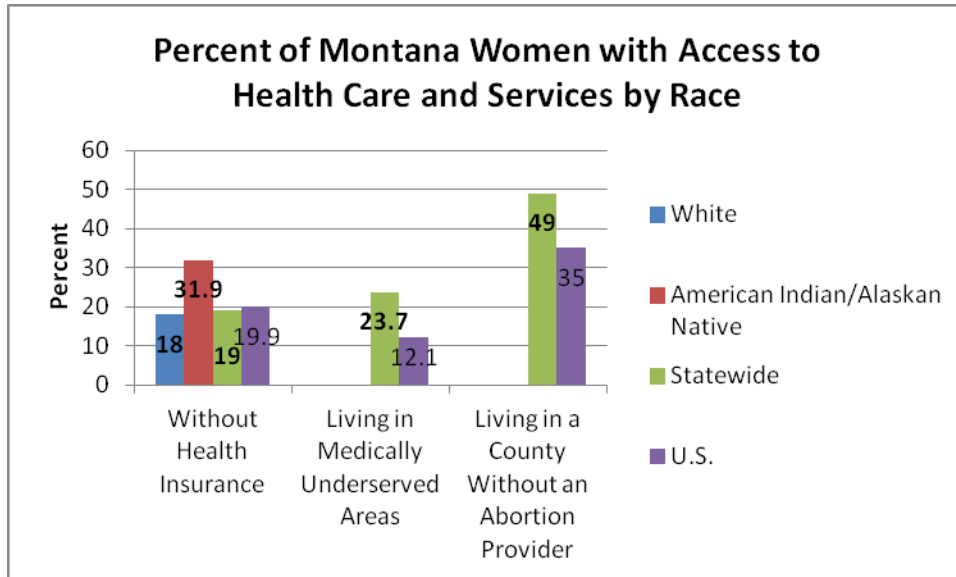
“The cost of health care involves all families. Any family that has children- their payments are about double, and my husband and I have insurance, but families pay about double what we pay for it. I don’t know how they can make it.” Helena

Statewide, Montana ranks close to the national percentage: 19% of women are without health insurance. But that percentage is far greater for the nearly 32% of American Indian women and over 35% of Hispanic women who have no health insurance. Higher than the national average (12%) Montana has 23.7% of its population living in a “medically underserved area,” an area with reduced access to primary care physicians.² The reason for this may be because residents live in remote locations where access is difficult or it may be because there are a disproportionately low number of primary care physicians practicing in the area. This lack of access is a particular burden for poor and low-income women who are unable to travel to find physicians who will accept their reimbursement rates from Medicaid.

“With the cost of health care, alone that’s such staggering cost. It doesn’t look like it’s getting better, and I don’t know how people are going to make it. Sometimes it seems like when you get sick you might as well just die because you can’t afford to get better. You’re never going to be able to pay it off. It’s like going to school, if you get your bachelor’s you’re \$20,000 in debt, automatically.” Browning

² State data regarding the percentage of women who live in underserved areas are not available. We use the state data for men and women overall as a proxy to assess access to health care providers for women.

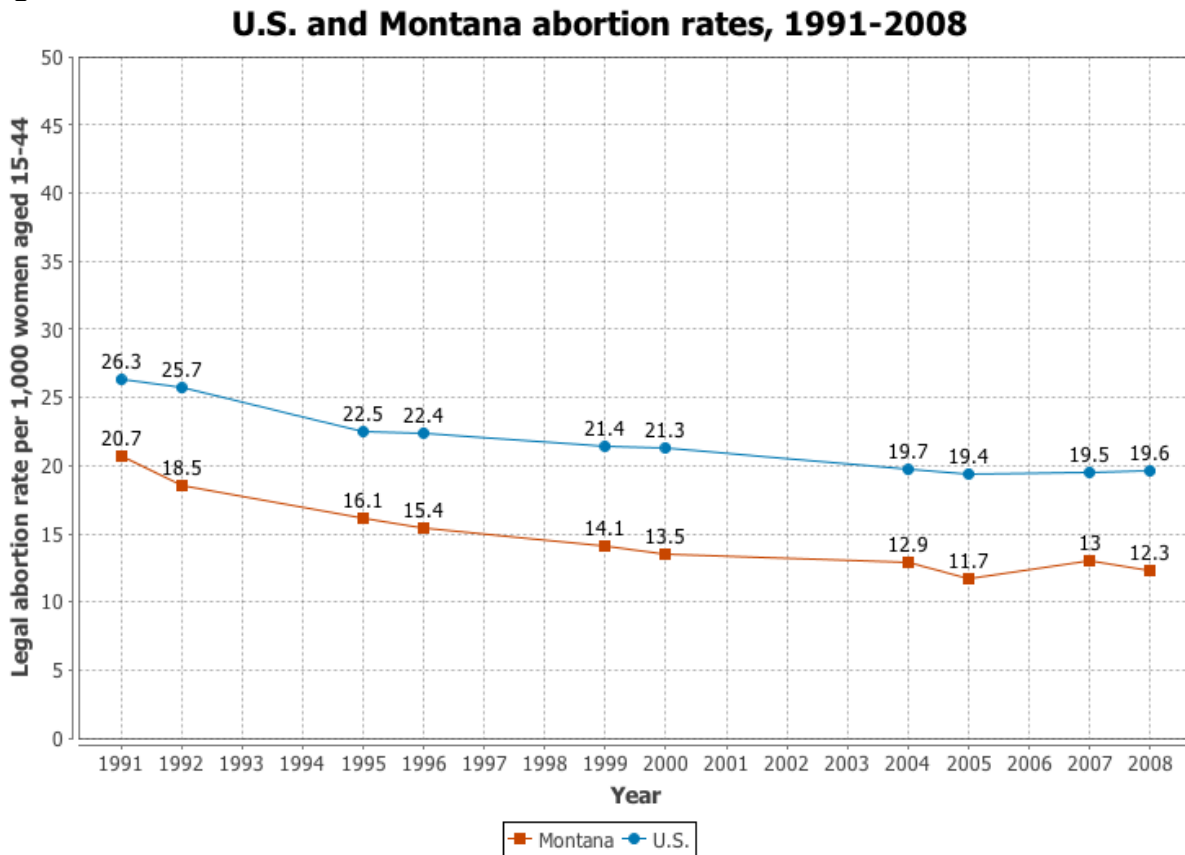
Figure 3.1.



Source: National Women's Law Center 2010a.

Figure 3.1 also shows percentages of women in Montana who receive prenatal care in the first trimester and live in a county without an abortion provider. Prenatal care beginning in the first trimester of pregnancy (i.e., within the first 12 weeks) increases the likelihood that women will stay healthier and that their babies will be healthier too. Forty-nine percent of Montana women live in counties that lack safe abortion services compared with 35% of women nationally. Women's lives are at risk with fewer and less accessible abortion services that will be safer in early pregnancy. Although Montana doesn't have the major types of abortion restrictions often found in other states, the rate continues to be lower than the national average.

Figure 3.2:



Source: Guttmacher Institute 2012.

PHYSICAL HEALTH

According to The White House Council on Women and Girls' report on "Health" for Women in America (2012), women are more likely than men to suffer from critical health problems such as chronic health conditions like asthma, arthritis, or depression. Women's lower levels of physical activity are more likely to lead to obesity, and women between the ages of 18 and 59 are more likely to suffer from depression.

The following tables provide data on indicators of the physical and mental health of women in Montana. There is good news in that Montana women rank lower than average among the U.S. states for all leading causes of death except lung cancer. Although coronary heart disease is the leading cause of death for women in the United States, it is often discussed in regards to male illnesses. Women, however, are more likely to die of heart disease than men.

In Montana, women rank below the national average with 73 deaths per 100,000 from heart disease (compared with almost 119 per 100,000, nationally). American Indian women, however, rank much higher than other racial categories in Montana with over 113 deaths per 100,000 (U.S. Department of Health and Human Services 2010). As with other diseases, women who experience

social disadvantage suffer a higher risk of disease, negative health outcomes from disease, and barriers to access health care.

Montana women rank higher than the national average for number of deaths from lung cancer, the leading cause of cancer death among women in the United States. Montana ranks 29th in the U.S. with 42.7 deaths per 100,000 (compared with 40.5 deaths per 100,000, nationally) (Centers for Disease Control and Prevention 2010).

Table 3.1. Leading Causes of Death as Death Rate per 100,000 for Montana Women by Race.

	White	American Indian/Alaskan Native	Hispanic	Statewide	U.S.
Coronary Heart Disease	71.9	113.3	67.9	73	118.9
Stroke	43.3			44.3	45.6
Lung Cancer	42.6			42.7	40.5
Breast Cancer	22.1			22.1	24
Maternal Mortality				10.1	12.1

Sources: U.S. Department of Health and Human Services 2010 and Centers for Disease Control and Prevention 2010.

CHRONIC, REPRODUCTIVE, AND EMOTIONAL CONDITIONS

Some of the greatest health disparities between American Indian women and other racial categories are seen in data for chronic conditions. Nearly 29% of American Indian women have high blood pressure, a major risk factor for heart disease, stroke, and heart failure (Centers for Disease Control and Prevention 2009; U.S. Department of Health and Human Services 2010).

Diabetes continues to be more common among American Indian groups, and 16.3% of American Indian women in Montana have been diagnosed with diabetes. This compares with only 7% of all women throughout the state and 8.3% for women nationally. While diabetes, itself, is physically harmful, it also is associated with other health problems such as heart disease, stroke, hypertension, kidney disease, nervous system disease, blindness, and lower-limb amputation. Diabetes is especially harmful for women, affecting pregnant women and their unborn children. There is an increased likelihood of developing Type 2 diabetes after a pregnant woman develops gestational diabetes. Heart disease and Type 2 diabetes are also more highly correlated among women than men (Centers for Disease Control and Prevention 2009; U.S. Department of Health and Human Services 2010).

Women, compared with men, also are disproportionately affected by arthritis. For Montana's American Indian women, 36.1% have arthritis compared with 30.1 % of Montana women overall and 29.7% of women nationally (Centers for Disease Control and Prevention 2008; U.S. Department of Health and Human Services 2010).

Table 3.2. Montana Women with Chronic, Reproductive, and Mental Health Conditions by Race.

	White	American Indian/Alaskan Native	Hispanic	Statewide	U.S.
% With High Blood Pressure	21.6	28.9	18.1	25.7	27.7
% With Diabetes	5.5	16.3	9	7	8.3
AIDS Rate (per 100,000)				1.5	7.5
% With Arthritis	26	36.1	25.3	30.1	29.7
Reproductive Health: Chlamydia				5.9	7.4
Days Mental Health was Not Good in Past 30 Days				3.8	4

Sources: Centers for Disease Control and Prevention 2009; U.S. Department of Health and Human Services 2010; National Women's Law Center 2010a.

Most health care experts agree that mental and physical health influence each other. And women are more likely than men to be at risk for mental health problems. A recent study reports that "according to the U.S. Department of Health & Human Services, women are nearly twice as likely as men to suffer from major depression, which is associated with problems such as lost productivity, higher morbidity from medical illness ... and increased risk of suicide" (University of MN Humphrey Institute's Center on Women & Public Policy (CWPP) and Women's Foundation of MN (WFM) 2010). Women are more likely to attempt suicide (although they don't succeed as often as men), and are more likely to have anxiety disorders, including post-traumatic stress disorders. "Women represent 90% of all cases of eating disorders, which carry the highest mortality rate of all mental illnesses" (CWPP and WFM 2010). There are a variety of factors that help explain why women suffer from mental illness more than men, including differences in the ways that women are raised, gender role expectations and differences for females, different demands on women in the workplace, and the higher rates of poverty and abuse that they experience. As we have discussed previously, Native American women face the

additional stressors of racism, discrimination, and higher rates of violence and poverty, and they are at higher risk for mental illness.

Montana women report more bad mental days than men in Montana do. In response to the question, "What is the average number of mental health days during the past 30 days that were "not good" for [Montana women]?" we find that the average response is 3.8 days. That is, the average number of days out of the past month that Montana women considered to be not good in describing their mental health was 3.8. This compares favorably to the national female average of 4 days, yet Montana ranks 22nd among the 50 states on this attribute.

When Montana women are asked how often they get the emotional support that they need, 48.4% respond "always," and 35.5% respond "usually." Yet, women from disadvantaged groups are more likely to experience mental health challenges because of lack of economic resources and access to health care. American Indians in Montana (men and women, as a proxy for women) report that only 38.7% "always" and 30.0 % "usually" get the emotional support that they need (Montana Department of Public Health and Human Services 2012d).

Table 3.4 shows that young women in grades 9–12 are much more likely to be bullied on school property (28.4%) compared with young men (23.6%). A higher percentage of young women than young men also report feeling sad and hopeless (30.8% versus 19.9%), and seriously considering suicide (17.1% versus 13.4%). Higher levels of pressure and stress are related to greater physical and mental health problems.

Montana women are very resilient and work hard to care for their families. But those who are single, without two incomes, and subject to emotional depression, find that their own health and well-being often come last.

"I did the military, got out, and did the marriage and did the kids, and was totally broke. I had the bad marriage. And 10 years ago, from January through June, through my depression, because of what was happening, I was homeless. Totally homeless. And now, it took a few years, but now I'm really doing well. And I'm convinced that yes, I have a good husband now, and yes I work hard, but that fear has never left me. And I think that as a woman it affects us more. I have a really good stock of toilet paper stored up. I have a room that has just toilet paper and paper towels, and you know why. It's just little things that trigger me. But it does get better. It really does because we learn to dig ourselves out and come out on top." Great Falls

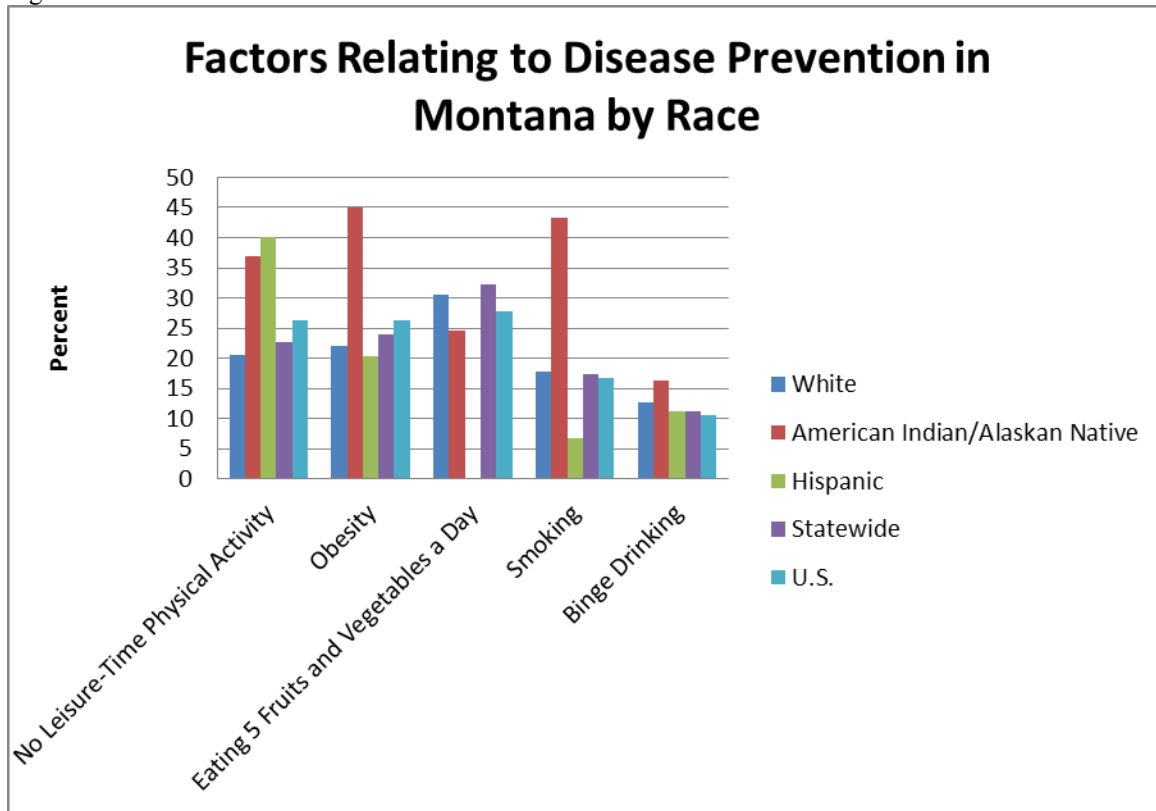
PREVENTION

Physical health is dependent on good nutrition, physical activity, and a healthy body weight. All contribute to reducing the risk of serious health conditions for women and managing existing health conditions so that they won't get worse over time. Because of their access to the out-of-doors and opportunities for physical activity, we would expect Montana women to be particularly healthy. Yet over 1/5 of Montana women report no leisure-time physical activity. Obesity remains a problem, particularly for American Indian women, who are more likely to smoke and are less likely to eat a healthy diet. These factors plus annual dentist visits and controlling alcohol consumption are all important in promoting health and preventing certain diseases.

Montana ranks tenth in the nation with 22.6% of women in 2010 unable to find time for leisure-time physical activity (National Women's Law Center 2010a). Of women ages 65 and older, over 35% find no time for leisure-time physical activity and are at the greatest risk. Medical experts stress that even moderate physical activity (30 or more minutes a day, 5 days a week) can substantially reduce the risk of developing or dying from the leading causes of death. Additionally, related to disabilities, physical activity can reduce the likelihood of lower back pain and some forms of cancer.

A healthy body weight is also important in maintaining physical health. Being overweight or obese can lead to such serious medical conditions as cardiovascular disease, high blood pressure, diabetes, and other problems. We might interpret the lower percentage of Montana women who are obese (23.9%) as a positive indicator compared with women in the United States overall (26.2%). However, obesity rates actually increased in Montana from 20.5% in 2007 to 23.9 in 2010.

Figure 3.3:



Source: National Women's Law Center 2010a.

An important part of prevention has to do with critical screening tests and medical preventive care. Montana lags behind national averages across all four screening tests: annual pap smears for cervical cancer over the age of 18, colorectal cancer screening over the age of 50, cholesterol screening (a risk factor for heart disease), and mammograms over the age of 40. A lower percentage of Montana women are able to receive benefits from these screening tests than women nationally, especially older women and uninsured women. Montana ranks well below the median in all four categories out of 50 states.

Papanicolaou (Pap) smears help identify cervical cancer early, making it highly treatable and leading to long survival and a good quality of life. Regular Pap smears (every three years) are essential to women's health and the reduction of mortality. Of Montana women over the age of 18, 74.1% have had a Pap smear within the past three years compared with the national average of 82.9%.

The second most common cancer among American women, breast cancer, can be detected early through mammography. Survival from breast cancer is greatly increased when detected early because of the increase in options for treatment and the likelihood of treatment success. Of Montana women age 40 and older, 71.8% have had a mammogram within the past two years compared with the national average of 76%.

Table 3.3. Percent of Montana Women with Access to Screening by Race.

	White	American Indian/Alaskan Native	Hispanic	Statewide	U.S.	National Rank
Pap Smears	77.8	83.2	76.0	74.1	82.9	43
Colorectal Cancer Screening	55.8	43.5	58.9	56.1	61.8	46
Cholesterol Screening	71.2	65.4	66.0	73.5	79.4	49
Mammograms	71.3	68.6	79.3	71.8	76.0	42

Sources: Centers for Disease Control and Prevention 2009; U.S. Department of Health and Human Services 2010.

RISKY YOUTH BEHAVIOR AND REPRODUCTIVE HEALTH

“I’m concerned about the high number of teen pregnancies. Babies are having babies. There is a tremendous amount of teenage girls that are out there having babies, and not supported to not have babies in the first place.” Helena

In an attempt to identify the leading causes of mortality, morbidity, and social problems, the Centers for Disease Control and Prevention (CDC) began collecting data on risk behaviors among youth in grades 9 through 12 in the U.S. The table below summarizes some of those health-risk behaviors as self-reported by Montana youth in 2011. A significantly higher percentage of females than males (or than the national average) reported being bullied on school property, feeling sad or hopeless, and seriously having considered suicide.

Young women in grades 9–12 (approximately 14–18 years old) were more sexually active and in a riskier way than young men. Nearly 37% of young women have had sexual intercourse (compared with 32.6% of young men) and of those, 41.4% (compared with 33.5%) did not use a condom and 9.1% (compared with 7.8%) did not use any method to prevent pregnancy during their last sexual intercourse.

While a higher percentage of young men are overweight or obese, a significantly higher percentage (31.5%) of young women describes themselves as overweight compared with young men (21.6%). In an effort to lose or keep from gaining weight, a higher percentage of young women resorted to weight loss methods such as fasting (15.5% versus 9.5%) or purging (6.0% versus 3.5%) compared with young men.

Table 3.4. Percent of Behaviors Related to Injury and Violence for Montana Youth in Grades 9–12, 2011

	Females	Males	Montana	United States
Bullied on school property^e	28.4	23.6	26.0	20.1
Felt sad or hopeless^a	30.8	19.9	25.2	28.5
Seriously considered suicide^a	17.1	13.4	15.2	15.8
Had 5 or more drinks of alcohol within a couple of hours on at least one day^a	23.0	27.3	25.2	21.9
Had sexual intercourse^b	36.8	32.6	34.7	33.7
Did not use a condom during last sexual intercourse^c	41.4	33.5	37.6	39.8
Did not use any method to prevent pregnancy during last sexual intercourse^c	9.1	7.8	8.5	12.9
Overweight^d	11.6	14	12.9	15.2
Obese^d	5.4	11.4	8.5	13.0
Describe self as overweight	31.5	21.6	26.3	29.2
Did not eat for 24 or more hours to lose or keep from gaining weight^e	15.6	9.5	12.5	12.2
Vomited or took laxatives to lose or keep from gaining weight^e	6.0	3.5	4.8	4.3

Source: Montana Office of Public Instruction 2011.

^a During 12 months before the survey

^b During the 3 months before the survey

^c Among sexually active

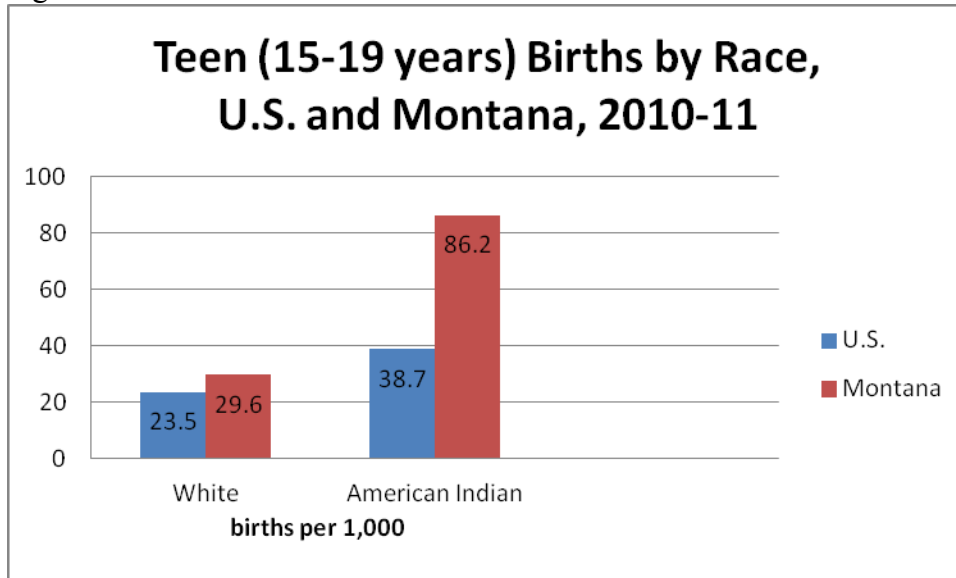
^d On age- and sex-specific reference data from the 2000 CDC growth charts

^e During the 30 days before the survey

While teen birth rates (the number of live births to females ages 15–19 per 1,000) have declined nationally, with the lowest teen birth rate ever reported occurring in 2010 at 34.3 births per 1,000 for women ages 15–19 years, teen birth rates in Montana did not follow the national trend. Teen birth rates for women ages 15–19 rose to an average of 39.4 births per 1,000 in 2008-09. During the period from 2010-2011, however, average teen birth rates for that age group fell to 32.3 per 1,000. There are numerous implications of a birth at a young age to the girls and families of those girls who become pregnant. Teen girls who give birth are more likely to live in poverty, lack participation and support from the fathers of their children, not marry the fathers of their children, and drop out of high school (only about 50% of teen mothers receive a high school diploma by the time they reach 22 years old). We know that children born to teen mothers are more likely to perform poorly in school and drop out of high school (Perper, Peterson, and Manlove 2010), suffer more health problems, be incarcerated during adolescence, become teen parents themselves, and be unemployed as young adults (Hoffman 2008).

These disparities for teens and their children are more likely to be suffered by American Indian women in Montana than by other races. The *Montana Teen Births & Pregnancy Report* (Montana Department of Public Health and Human Services 2010) points out that even though about 6% of Montana's population is American Indian, more than 25% of births are to American Indian teens. In the chart below (Figure 3.4), we see that the teen birth rate for white females in Montana was close to that of white females nationally. American Indian teens in Montana have considerably higher birth rates than American Indian teens in the U.S. and higher rates than white females of the same age in Montana.

Figure 3.4



Source: Montana Office of Vital Statistics, 2012.

The conclusions about women's health in Montana are not good. Across measures of wellness such as necessary preventative health care, insurance coverage, and death rates, women do not do as well as men, and American Indian women are disproportionately likely to suffer. Necessary health care is absent for too many women in Montana where 1 in 5 lacks health insurance. Lack of preventative care gives cause for greater concern. Almost 1 out of 3 women in Montana over the age of 40 (when women are more at risk) has not had a mammogram within the past two years. We are most alarmed that over 10 out of 100,000 women die during childbirth each year in Montana, a rate unacceptable in 2010. Women and girls are also more likely to suffer from major depression and related mental health issues. Health for women, particularly mental health, is strongly related to stress, the disproportionate burden of poverty, and the violence against women in our society. American Indian women are more likely to suffer health conditions such as high blood pressure, diabetes, and arthritis at much higher rates than whites, have higher teen birth rates than white women, and nearly two-thirds of American Indian women are uninsured. Not all news is bad: Montana women rank lower than the national average for all leading causes of death except lung cancer. The Women's Foundation encourages organizations throughout the state to make issues related to women's health, particularly preventative care, a priority in this year of the woman, 2013.

SECTION 4

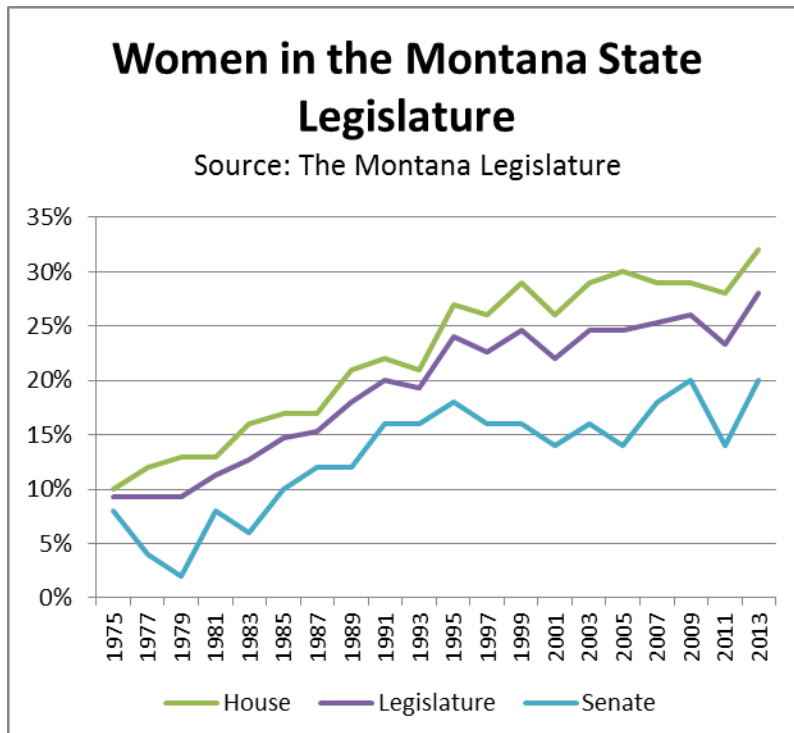
LEADERSHIP

In business and in government, in agencies and education, women have made great strides in the nation and in Montana, but they are still underrepresented at the highest levels of leadership. Studies in every discipline show the importance of women's presence in the boardroom, the bench, and the capitol. Because of the problems they face that still need to be solved, women can bring their perspectives to the table.

POLITICAL POWER

Montana has never shied from female representation, electing Jeannette Rankin as the first female member of Congress even before women gained the right to vote on the national level. But Montana frequently lost female representation, not only in Congress (a woman has not been elected to Congress from Montana since), but also in the state legislature. The 1970s ended on a low point, with only one female senator. In the last forty years, however, women have significantly increased their presence in the Legislature, although there is much room for improvement. The 2010 election was disappointing with a net loss of women after several years of gains, but this was more than made up in the 2012 election, where women recovered their numbers in the Senate (20%) and reached a record 32% in the House. Clearly, more work needs to be done to reach the goal of 50% of the legislature.

Figure 4.1

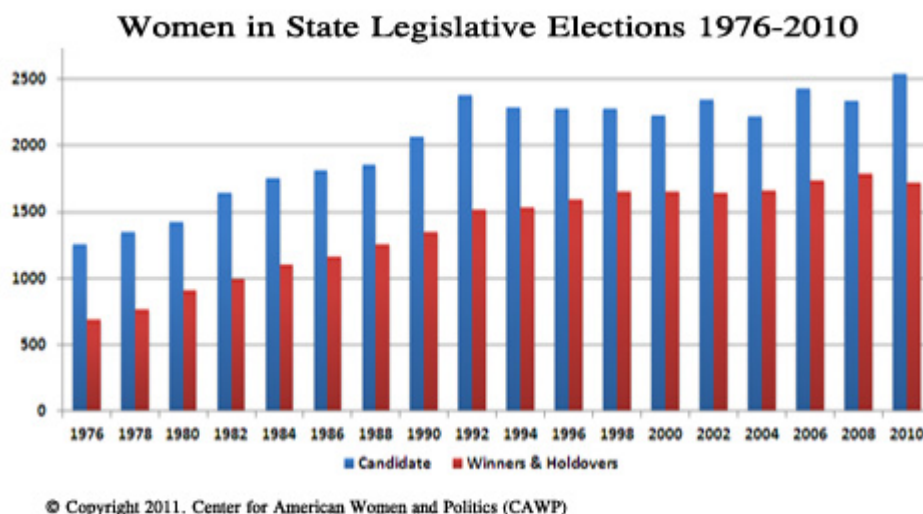


The 2012 election was an exciting one for women nationwide. This election resulted in record numbers of women in the 113th Congress, with 20 elected female Senators (up three from 17). According to the National Conference of State Legislators, a total of 7,383 women will serve in the 50 state legislatures, boosting the national percentage of women legislators from 23.7% to 24.2%.

Montana also saw an increase in the number of women elected. Three out of seven women candidates were elected into Congressional and statewide executive offices. And out of 66 running candidates, our state elected 42 women into the 113th Legislature. Of the 150 total Montana legislators serving in 2013, 28% are women. In 2012, Montana women made up just 24%, or 36 legislators. This 4% increase is great progress for our state and reflects the national trend of more women in leadership positions.

Our progress appears to track the national trend, as shown below:

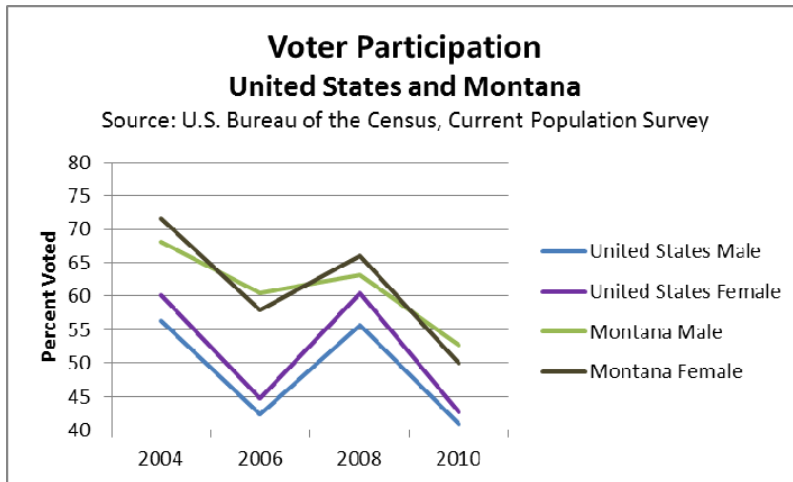
Figure 4.2



Montana has had only one female governor, although many women have populated the statehouse as elected administrators. The 2008 election was notable for its election of women to the posts of Auditor (Monica Lindeen), Secretary of State (Linda McCulloch), and Superintendent of Public Instruction (Denise Juneau, who is also a member of the Blackfeet Nation, the first Native American elected statewide official in the country). These three women were re-elected in 2012. The electorate, however, rejected women candidates for other posts, including Montana’s sole House representative.

A higher percentage of Montana women vote than either Montana men or the U.S. population as a whole, showing a greater engagement with political processes.

Figure 4.3



Source: Current Population Survey, Table 4b for years 2006, 2008, 2010, and Table 4a for 2004.

There is a “gender gap” in voting patterns in Montana, just as there is in the nation as a whole. In the 2012 governor’s race, women voted for the Democrat Steve Bullock at 53% to 43%, while men favored Republican Rick Hill 52% to 45%, an almost total switch (CNN Election Center 2012).

COURTS

One area where Montana shines is in women’s representation on the bench. 42.5% of Montana’s state judgeships are held by women. Three of the seven justices on the Supreme Court are women (similar to the U.S. Supreme Court), and there are currently no female “Article III” federal judges, and only one female magistrate, Carolyn S. Ostby, for a total of 8% of all federal judges. In comparison, nationwide, 24% of all federal judges are women (Center for Women in Government & Civil Society 2010).

We do not have data on the number of women attorneys in the state. Apparently this information is not collected by the State Bar of Montana.

BUSINESS

The latest figures from the Small Business Administration (SBA) show that women own about 28,000, and co-own with men another 29,000, of the 109,000 small businesses in Montana (SBA 2012). This figure has grown from about 15% in 2000 (Prospera 2012). Even with the growth in women’s entrepreneurship, their businesses tend to earn far less than men’s, primarily because they tend to focus on services and are unable to attract capital (Cook 2012). They are also less likely to have access to the same networking opportunities as men, even with thirty years of focus on this area. Business schools still have some way to go in meeting the needs of female students. Few business schools have a specialist center for developing women business leaders

and only a third offer women-focused programs or give flex-time and other options to accommodate the needs of caregiving parents. Many schools offer fellowships and scholarships to women and have affiliations with pro-women external organizations and networks (Ibeh et al. 2008). Business schools are one source of the networks required in successful entrepreneurship, but others may be more important. Rothstein, Burke, and Bristor (2001) point to the impact of sex-segregated networks on women's success. This means that the sort of job clustering we mentioned earlier in the report, as well as the existence of fewer women at higher levels of management, may affect the sorts of networks women managers and owners are able to achieve.

CONCLUSION

Strides toward equality have been made in the last ten years. We celebrate women's progress in many areas including education and workforce participation. The truth, however, is that Montana women and girls continue to face very disparate outcomes in comparison to men and boys as well as in comparison to women and girls in the rest of the nation. These disparities are even greater for American Indian women.

Of the 50 states and the District of Columbia, Montana ranks among the top third of all states only in education, specifically for women who have obtained a bachelor's degree. It ranks near the bottom of all states in measures of women's economic strength: social and economic autonomy and employment and earnings. Even within the nine states of the Mountain West region, Montana ranks near the bottom on most economic indicators.

Women in Montana can point to a few key achievements in their overall status:

- In the last ten years, Montana women have moved up from 50th to 47th in the nation in median income.
- Montana women are more likely to have a college education than women in the rest of the country.
- Women in the state have relatively high voter registration and turnout.

We hope the reader will see as they read this report the complexity and interrelatedness of the problems that must be addressed if women are to achieve equality in Montana. Although the Constitution of the State of Montana guarantees "equality of opportunity," it is clear that for women, and particularly for Native American, disabled, elderly, caregiving, or first generation post-secondary-education women, there is no equality of opportunity. Many obstacles stand in the way of women living dignified and satisfying lives, including deeply held beliefs regarding women's proper role in society, structural barriers such as a lack of support for women's caregiving responsibilities, and traces of discrimination that still dog us, even in the twenty-first century.

Without voice, women cannot argue for the state to pay attention to their demands for equality, safety, and well-being. But without well-being, women cannot take leadership in governance. And without safety, women have neither well-being nor the freedom to participate fully in society.

Afterword: What We Can Do

Despite their strength and resilience, Montana women continue to face tough challenges to achieving social and economic equality with men and a standing equal to the average woman in the United States. American Indian women and other women of color in the state are particularly disadvantaged in their political, social, and economic status. Montana could invest far more in women to create stronger families and communities for us all. Policies and programs designed to diminish inequities should be policymaking priorities. We propose the following:

Economics

To ensure equity in the workplace:

- Employers should regularly evaluate their wage and promotion practices to ensure equity for men and women of all races and ethnicities.
- Employers should actively recruit women into male-dominated fields that pay well compared with female-dominated jobs with lower pay.
- Employers should implement policies to prevent harassment of women workers, especially within nontraditional fields, where it is more prevalent.
- Women workers in Montana would benefit from greater availability of paid parental and dependent care leave policies, especially among the lowest-paid workers.
- Women workers would benefit from greater availability of quality and affordable child care. In particular, early care and education programs that provide full day care need to be expanded to provide care to all families who would like to use it. This is an area of investment that provides benefits to two generations, as children receive a better education, while parents are able to increase work hours.

To promote a brighter economic future:

- Investing more in education at all levels and particularly in training in the use of new technologies will improve economic growth for all, especially women and girls.
- Providing financial education in our public schools will provide young women with the knowledge they need to create a financially sustainable future for themselves and their families.
- Public funds for providing technical assistance and loans to small businesses should be enlarged and more readily available, especially for rural women.
- State and tribal policies should support the economic development of reservations and American Indian tribes by incorporating tribally designed economic development efforts.
- Women would benefit from more training on how to negotiate for their own salary and benefits.

Health and Safety

- Access to healthcare would be improved through greater use of publicly funded programs and greater incentives to employers to provide health insurance. Implementation of the Affordable Care Act in 2014 may begin to address this issue.
- Increased investment in health education, prevention and treatment, including women's reproductive health, would improve women's health and reduce disparities in health status associated with race and socioeconomic status.
- Increased services for survivors of violence would provide greater financial stability for these women.

Leadership

- Women can increase the visibility of the issues facing them by striving to assume leadership positions in a variety of places- in community and tribal governments, in state and federal government, in businesses and corporations, in their communities.
- Policies and practices that encourage women to run for office are necessary to increase the representation of women in politics. Such policies include recruitment of female candidates by political parties and other organizations, and fair and equal media treatment for male and female candidates.
- Government-appointed boards and commissions are important training grounds for elected office and Montana should be applauded for efforts to increase gender equity and racial parity on boards and commissions. These efforts should be sustained.
- Resources for women's entrepreneurship should be increased to support women who wish to lead Montana toward a brighter financial future.

The mission of the Women's Foundation of Montana is to create economic self-sufficiency for women and a brighter future for girls. We recognize that Montana women have far to go to reach this goal. While this report has provided a broad overview of the challenges and opportunities ahead, we are committed to ongoing research as we seek to better measure economic well-being and invest in economic solutions for Montana women.

We believe that the women and girls of Montana have what it takes to create a brighter future for us all, if only they have the information, resources and opportunities they need. The Women's Foundation of Montana is pleased to provide this report as a tool to be used by advocates, non-profit organizations, policymakers, educators and citizens alike as we work together toward equality for all.

Jen Euell
Program Director
Women's Foundation of Montana

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